CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commis	ssion Filers)	2 Total pages	filed:
3 C	CANDIDATE/ DFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Dexter Lorance-Na LAST McCoy	avario	MI	Date Received	UL 17 2023 RC
4 C	CANDIDATE / DEFICEHOLDER MAILING DDRESS Change of Address	ADDRESS /PO BOX: P.O. Box 1398	APT/SUITE# CITY Richmond		ZIP CODE 77406	Date Hand-delivered	
(CANDIDATE / DFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	N	Receipt #	Amount \$
Т	CAMPAIGN TREASURER IAME	MS/MRS/MR NICKNAME	FIRST Joseph LAST Killebrew		MI	Date Processed Date Imaged	
T	AMPAIGN REASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO 8835 Arch Rock Dr.	BOX PLEASE): APT/SUITE	# CITY Cypress	STATE: TX	ZIP CODE 77433	
8 T	AMPAIGN REASURER HONE	AREA CODE (407) 37	PHONE NUMBER 6-0352	EXTENSIO	N		
9 R	REPORT TYPE	☐ January 15 ✓ July 15	30th day before election	, DEX	noff ceeded Modified porting limit	appointment	er campaign tresurer t (officeholder only) (Attach- COH-FR)
	PERIOD COVERED	Month Day 01/01/2023	Year TH	ROUGH	Month	Day Yea 06/30/2023	r
	LECTION	ELECTION DAT Month Day 3/3/2026	Year ✓ Primar	у 🔲 I	Special	ther	
12 C	FFICE	OFFICE HELD (if any) Fort Bend County	Commissioner Pct. 4	1	3 OFFICE SOUGH Fort Bend Co	T (if known) ounty Commissione	er Pct. 4
C	OTICE FROM POLITICAL COMMITTEE(S) Additional Pages	SUPPORT THE CANDIDATE	F POLITICAL CONTRIBUTIONS ACC / OFFICEHOLDER. THESE EXPEND . CANDIDATES AND OFFICEHOLDE COMMITTEE NAME COMMITTEE ADDRESS	ITURES MAY HAVE	BEEN MADE WITHOUT	THE CANDIDATE'S OR	OFFICEHOLDER'S
			COMMITTEE CAMPAIGN TO COMMITTEE CAMPAIGN TO				
			GO TO PA	GE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Dexter Lorance-Navario McCoy		16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS		CONTRIBUTIONS (OTHER THAN PI CONTRIBUTIONS MADE ELECTR		\$150.00
	2 TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS)			\$308,097.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL I	EXPENDITURES		\$0.00
	4 TOTAL POLITICAL EXPENDITUR	ES		\$92,816.88
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST	DAY	\$258,870.46
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS OF PERIOD	THE	\$0.00
(1) Affidavit NOTARY STAMP / SEAL Swom to and subscribed day of 20 2 Signature of officer admin	before me by to certify which, witness my hand	TRAN OF TEXAS 72561 26, 2026		17 ⁴⁸)
(2) Unsworn Declaration	n		af himb ia	
My name is		, and my date	of birth is	
My address is	(street)	(city)	(state) (zip	code) (country)
Executed in	County, State of		(month)	20 (year)
		Signa	ture of Candidate/Officeh	older (Declarant)

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

	FILER NAME kter Lorance-Navario McCoy	20 Filer ID (Ethics C	Commission Filers)
21 \$	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$305,235.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$2,862.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$92,816.88
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUT TO FILER	IONS RETURNED	\$87.68

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: not available
2 FILER NAM	lE .		3 Filer ID (Ethics Commission Filers)
Dexter Lorance	e-Navario McCoy		
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
01/18/2023	Costello Inc., PAC		\$2,500.00
	6 Contributor address; City; State;	Zip Code	
	2107 Citywest Blvd Fl 3 Houston, TX 77042-2827		
8 Principal oc	cupation / Job title (See Instructions)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
02/07/2023	Huitt-Zollars, Inc. Texas PAC		\$2,500.00
	6 Contributor address; City; State;	Zip Code	2,000.00
	1717 Mckinney Ave Ste 1400 Dallas, TX 75202-1239		
8 Principal oc	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)
05/07/2023	Huitt-Zollars, Inc. Texas PAC		\$1,500.00
	6 Contributor address; City; State;	Zip Code	1
	1717 Mckinney Ave Ste 1400 Dallas, TX 75202-1239		
8 Principal oc	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)
05/15/2023	Perdue, Brandon, Fielder, Collins & Mott, LLP		\$500.00
	6 Contributor address; City; State;	Zip Code	
	1235 North Loop W Ste 600 Houston, TX 77008-1772		
8 Principal oc	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)
05/15/2023	Perdue, Brandon, Fielder, Collins & Mott, LLP		\$500.00
	6 Contributor address; City; State;	Zip Code	
	1235 North Loop W Ste 600 Houston, TX 77008-1772		
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: not available
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)
Dexter Lorance	e-Navario McCoy		
4 Date	5 Full name of contributorout-of-state PAG		7 Amount of contribution (\$)
03/27/2023	Majed Agha		\$1,500.00
	6 Contributor address; City; State	e; Zip Code	
	19311 N Cottonwood Green Ln Cypress, TX 77433-	4184	
8 Principal occ CEO	cupation / Job title (See Instructions)		yer (See Instructions) gha Engineering
4 Date	5 Full name of contributorout-of-state PAG		7 Amount of contribution (\$)
05/07/2023	Delilah Agho-Otoghile		\$25.00
h.	6 Contributor address; City; State	e; Zip Code	
	11615 Radford Ln Houston, TX 77099-4640		
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
01/18/2023	Aguirre & Fields, LP PAC		\$1,000.00
	6 Contributor address; City; State	e; Zip Code	
	7215 New Territory Blvd Ste 100 Sugar Land, TX 7	7479-6833	
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
04/25/2023	Ucheoma Bo Agunwah		\$25.00
	6 Contributor address; City; State	e; Zip Code	
	15811 Tuckerton Rd Houston, TX 77095-5235		
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
01/24/2023	Nick Alanis		\$5,000.00
	6 Contributor address; City; State	e; Zip Code	
	8519 Woods Hollow Trl Fulshear, TX 77406-2536		
8 Principal occ Chairman	cupation / Job title (See Instructions)		yer (See Instructions) Intech Civil Engineers, Inc.

SCHEDULE A1

The In	struction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: not available
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dexter Lorance-N	Navario McCoy		
4 Date	5 Full name of contributorout-of-state P/	AC	7 Amount of contribution (\$)
05/07/2023	Nick Alanis		\$10,000.00
	6 Contributor address; City; Sta	ate; Zip Code	
	8519 Woods Hollow Trl Fulshear, TX 77406-2536		
8 Principal occup Chairman	pation / Job title (See Instructions)		yer (See Instructions) ntech Civil Engineers, Inc.
4 Date	5 Full name of contributorout-of-state P.	AC	7 Amount of contribution (\$)
06/29/2023	Ovidio Alanis		\$2,000.00
	6 Contributor address; City; Sta	ate; Zip Code	
	8519 Woods Hollow Trl Richmond, TX 77406-253	36	
8 Principal occup Ex. Vice Pre	pation / Job title (See Instructions) sident		yer (See Instructions) ntech
4 Date	5 Full name of contributorout-of-state P/	AC	7 Amount of contribution (\$)
01/22/2023	Alpha Phi Alpha Fraternity		\$500.00
	6 Contributor address; City; Sta	ate; Zip Code	
	PO Box 31022 Houston, TX 77231-1022		
8 Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state P/	AC	7 Amount of contribution (\$)
01/18/2023	Melanie Anbarci		\$500.00
	6 Contributor address; City; Sta	ate; Zip Code	
	10 Tredington St Sugar Land, TX 77479-2992		
8 Principal occup Not Employe	pation / Job title (See Instructions)		yer (See Instructions) ot Employed
4 Date	5 Full name of contributor out-of-state P/		7 Amount of contribution (\$)
05/07/2023	Gavyn Anderson		\$25.00
	6 Contributor address; City; Sta	ite; Zip Code	425.00
	8619 Ashlawn Dr Houston, TX 77083-5395		
8 Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how	to complete this fo	orm.	Total pages Schedule A1: not available	
2 FILER NAM	IE .			3 Filer ID (Ethics Commission File	rs)
Dexter Lorance	e-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/30/2023	Cherita Andrews				\$250.00
	6 Contributor address;	City; State;	Zip Code		
	9023 Covent Garden St Houston	, TX 77031-3015			
8 Principal oc	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/02/2023	Ardurra Group PAC				\$1,500.00
	6 Contributor address;	City; State;	Zip Code		
	5851 San Felipe St Ste 425 Hous	ston, TX 77057-8018			
8 Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Manuela Arroyos				\$50.00
	6 Contributor address;	City; State;	Zip Code		******
	5515 Cunningham Ln Rosenberg	, TX 77471-2664			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
03/06/2023	AS Ventures, LLC				\$2,000.00
	6 Contributor address;	City; State;	Zip Code		,
	7333 Harwin Dr Houston, TX 77	036-2088			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	Reza Badiozzamani			9	\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	10100 N Bentsen Rd Mcallen, T	X 78504-0584			
	cupation / Job title (See Instruction	s)		yer (See Instructions)	
Project Ma	anager	,	В	2Z Engineering	

SCHEDULE A1

The In	struction Guide explains how	to complete	this fo	rm.	1 Total pages Schedule A1: not available	
2 FILER NAME					3 Filer ID (Ethics Commission	Filers)
Dexter Lorance-N	Navario McCoy					
4 Date	5 Full name of contributor	out-of-state	e PAC		7 Amount of contribution (\$)	
01/18/2023	Mohan Ballagere					\$2,500.00
	6 Contributor address;	City;	State;	Zip Code		
	5600 Bintliff Dr Houston, TX 77	036-2102				
8 Principal occup Vice Preside	pation / Job title (See Instruction nt	s)	. "		yer (See Instructions) eotest Engineering, Inc.	
4 Date	5 Full name of contributor	out-of-state	PAC		7 Amount of contribution (\$)	
03/06/2023	Mohan Ballagere					\$1,000.00
	6 Contributor address;	City;	State;	Zip Code		\$1,000.00
	5600 Bintliff Dr Houston, TX 77	036-2102				
	oation / Job title (See Instruction	s)		9 Employ	ver (See Instructions)	
Vice Preside	nt			G	eotest Engineering, Inc.	
4 Date	5 Full name of contributor	out-of-state	PAC _		7 Amount of contribution (\$)	
01/09/2023	David Balmos					\$2,500.00
	6 Contributor address;	City;	State;	Zip Code		
	1160 Dairy Ashford Rd Ste 500 H	Houston, TX 77	7079-30	98		
8 Principal occup Engineer	pation / Job title (See Instructions	5)		9 Employ RI	ver (See Instructions) PS	
4 Date	5 Full name of contributor	out-of-state	PAC _		7 Amount of contribution (\$)	
04/26/2023	Cedric Bandoh					\$100.00
	6 Contributor address;	City; S	State;	Zip Code		
	3111 Magnolia Knoll Ln Houstor	n, TX 77080-15	554			
8 Principal occup	pation / Job title (See Instructions	s)		9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributor	out-of-state	PAC _		7 Amount of contribution (\$)	
02/01/2023	Levi Benton					\$1,500.00
	6 Contributor address;	City;	State;	Zip Code		
	3417 Milam St Houston, TX 7700	02-9531				
	pation / Job title (See Instructions	5)			ver (See Instructions)	
Lawyer				Le	evi Benton & Associates PLLC	

SCHEDULE A1

The In	struction Guide explains how	to complete this	form.	Total pages Schedule A1: not available	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Dexter Lorance-1	Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PA	c	7 Amount of contribution (\$)	
05/04/2023	Levi Benton			\$125.00	
	6 Contributor address;	City; Stat	e; Zip Code		
	3417 Milam St Houston, TX 770	002-9531			
8 Principal occup Lawyer	pation / Job title (See Instruction	is)		yer (See Instructions) evi Benton & Associates PLLC	
4 Date	5 Full name of contributor	out-of-state PA	C	7 Amount of contribution (\$)	
01/22/2023	Everett Blanton	_		\$250.00	
	6 Contributor address;	City; Stat	e; Zip Code	2250.00	
	21019 Tarpley Springs Dr Richn	nond, TX 77407-15	39		
8 Principal occup	pation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PA		7 Amount of contribution (\$)	
04/19/2023	Callie Bletsch			\$2,500.00	
	6 Contributor address;	City; State	e; Zip Code		
	4302 Maravilla Ln Richmond, T.	X 77406-2471			
8 Principal occup Sr. Vice Pres	pation / Job title (See Instruction	s)		yer (See Instructions) IBCO Engineering	
4 Date	5 Full name of contributor	out-of-state PA		7 Amount of contribution (\$)	
05/07/2023	william Bobrick			\$25.00	
	6 Contributor address;	City; State	e; Zip Code		
	PO Box 637 Sugar Land, TX 774	187-0637			
8 Principal occup	pation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC	>	7 Amount of contribution (\$)	
06/16/2023	Dan Boggio			\$2,000.00	
	6 Contributor address;	City; State	e; Zip Code		
	11 Greenway Plz Fl 22 Houston,	TX 77046-1100			
8 Principal occup Executive Ch	pation / Job title (See Instruction	s)		yer (See Instructions) BK	

SCHEDULE A1

The	Instruction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: not available	
2 FILER NAM	IE			3 Filer ID (Ethics Commission Filers)	
Dexter Lorance	ce-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/16/2023	Sean Bowman			\$250	0.00
	6 Contributor address;	City; State;	Zip Code		
	2209 Wisconsin St Dallas, TX 7	5229-2060			
8 Principal oc	cupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	11.00 mg
01/18/2023	Bracewell PAC			\$1,000	0.00
	6 Contributor address;	City; State;	Zip Code		
	711 Louisiana St Ste 2300 Hous	ton, TX 77002-2770			
8 Principal oc	cupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/06/2023	Pearlie Byrd			\$25	5.00
	6 Contributor address;	City; State;	Zip Code		
	622 Stephanie Dr Missouri City,	TX 77489-2220			
8 Principal occ	cupation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/19/2023	John Calhoun			\$2,500	.00
	6 Contributor address;	City; State;	Zip Code		
	126 E Amite St Jackson, MS 392	201-2101			
	cupation / Job title (See Instruction cutive Officer	s)		yer (See Instructions) MS Engineers	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/16/2023	John Calhoun			\$2,500	.00
	6 Contributor address;	City; State;	Zip Code		
	126 E Amite St Jackson, MS 392	201-2101			
	cupation / Job title (See Instruction	s)		yer (See Instructions)	
Chief Exe	cutive Officer			MS Engineers	

SCHEDULE A1

The I	nstruction Guide explains how to	complete this fo	rm.	Total pages Schedule A1: not available	
2 FILER NAME				3 Filer ID (Ethics Commission	Filers)
Dexter Lorance	-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/19/2023	Jeff Cannon				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	4315 Whickham Dr Fulshear, TX 77	441-4058			
8 Principal occ Senior Vice	upation / Job title (See Instructions) e President		9 Employ LJ	ver (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/16/2023	Jeff Cannon				\$3,000.00
	6 Contributor address;	City; State;	Zip Code		,
	4315 Whickham Dr Fulshear, TX 77	441-4058			
	upation / Job title (See Instructions)		9 Employ	er (See Instructions)	
Senior Vice	e President		LJ	A	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Mindy Cernosek				\$200.00
	6 Contributor address;	City; State;	Zip Code		
	17814 Scarlet Forest Dr Tomball, TX	X 77377-4034			
	upation / Job title (See Instructions) tion Southwest Business Developer			er (See Instructions) CI Technologies Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
02/07/2023	Cobb Fendley PAC				\$3,000.00
	6 Contributor address;	City; State;	Zip Code		
	13430 Northwest Fwy Ste Houston,	TX 77040-6000			
8 Principal occu	upation / Job title (See Instructions)		9 Employ	er (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/05/2023	Vanessa Cole				\$500.00
	6 Contributor address;	City; State;	Zip Code		
1	21810 Treemont Hollow Ct Richmon	nd, TX 77469-7250			
,	upation / Job title (See Instructions)			er (See Instructions)	
Developer/l	Builder		Co	ole Klein Development	

SCHEDULE A1

The	Instruction Guide explains how	to complet	e this fo	rm.	Total pages Schedule A1: not available	***
2 FILER NAM Dexter Lorance	IE ce-Navario McCoy				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-s	tate PAC		7 Amount of contribution (\$)	
04/10/2023	Comcast Corporation Political A	ction Commi	ittee-Texa	S	\$1,500.0	0
	6 Contributor address;	City;	State;	Zip Code	Ψ1,500.0	0
	1 Comcast Center 1701 John F k	Kennedy Blvd	l Philadelp	ohia, PA		
8 Principal oc	cupation / Job title (See Instruction	ıs)		9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-s	tate PAC		7 Amount of contribution (\$)	-
01/22/2023	CONSOR Engineering, LLC	_			\$2,500.0	0
	6 Contributor address;	City;	State;	Zip Code	Ψ2,500.0	U
	15310 Park Row Houston, TX 7	7084-2887				
8 Principal oc	cupation / Job title (See Instruction	ns)		9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-si	tate PAC		7 Amount of contribution (\$)	
04/19/2023	Michael Cox				\$250.00	0
	6 Contributor address;	City;	State;	Zip Code		
	5005 Riverway Dr Ste 500 Hous	ton, TX 7705	6-2196			
8 Principal occ	cupation / Job title (See Instruction	s)		9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-st	tate PAC		7 Amount of contribution (\$)	
01/18/2023	Daniel Coyer	_			\$500.00	0
	6 Contributor address;	City;	State;	Zip Code		
	6234 Piedra Negras Ct Katy, TX	77450-8764				
8 Principal occ Vice Presi	cupation / Job title (See Instruction ident	s)	-		yer (See Instructions) lly General Solutions LLC	
4 Date	5 Full name of contributor	out-of-st	ate PAC _		7 Amount of contribution (\$)	
01/24/2023	Daniel Coyer				\$1,000.00	0
	6 Contributor address;	City;	State;	Zip Code		
	6234 Piedra Negras Ct Katy, TX	77450-8764				
8 Principal occ Vice Presi	cupation / Job title (See Instruction ident	s)			yer (See Instructions) Illy General Solutions LLC	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2 FILER NAM Dexter Lorance	E e-Navario McCoy			3 Filer ID (Ethics Commission File	ers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/27/2023	Marty Cristofaro				\$1,000.00
	6 Contributor address;	City; State	e; Zip Code		ψ1,000.00
1.	17923 Windy Canyon Ln Housto	on, TX 77084-7027			
	cupation / Job title (See Instruction ident/Program Director	s)		yer (See Instructions) tuart Consulting Group	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
05/08/2023	Marty Cristofaro				\$500.00
	6 Contributor address;	City; State	e; Zip Code		000000
	17923 Windy Canyon Ln Housto	on, TX 77084-7027			
	cupation / Job title (See Instruction ident/Program Director	s)		yer (See Instructions) tuart Consulting Group	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
02/07/2023	Maxine Dawkins				\$50.00
	6 Contributor address;	City; State	e; Zip Code		
	6831 River Bluff Dr Houston, TX	¥ 77085-1313			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC	;	7 Amount of contribution (\$)	
04/19/2023	DEC PAC				\$1,000.00
	6 Contributor address;	City; State	; Zip Code		, -,
	1 Greenway Plz Ste 225 Houston	, TX 77046-0106			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC	;	7 Amount of contribution (\$)	
04/28/2023	Mark Dessens				\$2,500.00
	6 Contributor address;	City; State	; Zip Code		
	11767 Katy Fwy Ste 900 Houston	n, TX 77079-1779			
	cupation / Job title (See Instruction	s)		yer (See Instructions)	
Engineer			S	chaumburg & Polk Inc.	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: not available		
2 FILER NAM	IE			3 Filer ID (Ethics Commission Fi	ilers)
Dexter Lorance	ee-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	David Eastwood				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		7-7
	17407 Highway 59 N Humble, T	X 77396-3008			
8 Principal oc Engineer	cupation / Job title (See Instruction	s)		yer (See Instructions) Geotech Engineering & Testing	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/06/2023	Donna Ellis				\$275.00
	6 Contributor address;	City; State;	Zip Code		\$275.00
	13910 Placid Woods Ct Sugar La	nd, TX 77498-2659			
8 Principal occ	cupation / Job title (See Instructions	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/17/2023	Donna Ellis				\$100.00
	6 Contributor address;	City; State;	Zip Code		
	13910 Placid Woods Ct Sugar La	nd, TX 77498-2659			
8 Principal occ	cupation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/16/2023	John English				\$500.00
	6 Contributor address;	City; State;	Zip Code		
	7676 Hillmont St Houston, TX 77	7040-6400			
	cupation / Job title (See Instructions	5)		yer (See Instructions) EKHA Engineering Inc	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/24/2023	John English	_			\$550.00
	6 Contributor address;	City; State;	Zip Code	4	
	7676 Hillmont St Houston, TX 77	7040-6400			
	cupation / Job title (See Instructions	s)		yer (See Instructions)	
Civil Engr	r & Surveying		R	EKHA Engineering Inc	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: not available	
N W G			3 Filer ID (Ethics Commission F	ilers)
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Omar Escobar				\$3,000.00
6 Contributor address;	City; State;	Zip Code		
16910 Roberts Dr Cypress, TX 7	77433			
upation / Job title (See Instruction	ns)	1		
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Celeste Feast				\$25.00
6 Contributor address;	City; State;	Zip Code		422.00
8807 Luray Ct Rosenberg, TX 7	7469-4974			
pation / Job title (See Instruction	is)	9 Employ	yer (See Instructions)	,
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	,
Cris Feldman				\$500.00
6 Contributor address;	City; State;	Zip Code		
3355 W Alabama St Ste 1220 Ho	ouston, TX 77098-178	39		
pation / Job title (See Instruction	s)			
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Christopher Ferguson				\$500.00
6 Contributor address;	City; State;	Zip Code		
1635 Brookstone Ln Sugar Land	, TX 77479-1896			
pation / Job title (See Instruction	s)	1		
5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
Matthew Froehlich				\$500.00
6 Contributor address;	City; State;	Zip Code		
22943 Provincial Blvd Katy, TX	77450-1411			
pation / Job title (See Instruction er	s)			
	Navario McCoy 5 Full name of contributor Omar Escobar 6 Contributor address; 16910 Roberts Dr Cypress, TX 7 pation / Job title (See Instruction 5 Full name of contributor Celeste Feast 6 Contributor address; 8807 Luray Ct Rosenberg, TX 7 pation / Job title (See Instruction 5 Full name of contributor Cris Feldman 6 Contributor address; 3355 W Alabama St Ste 1220 Ho pation / Job title (See Instruction 5 Full name of contributor Christopher Ferguson 6 Contributor address; 1635 Brookstone Ln Sugar Land pation / Job title (See Instruction 5 Full name of contributor Christopher Ferguson 6 Contributor address; 1635 Brookstone Ln Sugar Land pation / Job title (See Instruction 5 Full name of contributor Matthew Froehlich 6 Contributor address; 22943 Provincial Blvd Katy, TX pation / Job title (See Instruction	Navario McCoy 5 Full name of contributor	Navario McCoy 5 Full name of contributor	Navario McCoy 5 Full name of contributor

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: not available	
2 FILER NAME	-Navario McCoy		3 Filer ID (Ethics Commission I	Filers)
4 Date	5 Full name of contributor Out-of-state P.	AC.	7 Amount of contribution (\$)	
01/17/2023	Gilbert Garcia		(4)	
0111712022	6 Contributor address; City; Sta	ate; Zip Code		\$1,000.00
	4030 Durness Way Houston, TX 77025-2324	ate, Zip Code		
9 Principal coo	upation / Job title (See Instructions)	O Employ	vor (See Instructions)	
Finance	upation / Job title (See Instructions)		yer (See Instructions)	
4 Date	5 Full name of contributor Out-of-state Po	AC	7 Amount of contribution (\$)	
02/21/2023	Gaurav Garg			\$2,500,00
	6 Contributor address; City; Sta	ite; Zip Code		\$2,500.00
	11750 Katy Fwy Ste 400 Houston, TX 77079-1219		,	
8 Principal occi	upation / Job title (See Instructions)		yer (See Instructions)	
Professiona			ascade	
4 Date	5 Full name of contributor out-of-state P/	AC	7 Amount of contribution (\$)	
03/07/2023	Clayton Garrett			\$2,500.00
	6 Contributor address; City; Sta	ite; Zip Code		, ,,,
	106 Dogwood St Sugar Land, TX 77478-3823			
8 Principal occu Founding P	upation / Job title (See Instructions)		yer (See Instructions) dible Group LLC	
4 Date	5 Full name of contributorout-of-state P/	AC	7 Amount of contribution (\$)	
04/19/2023	Mark Gehringer			\$2,500.00
	6 Contributor address; City; Sta	ite; Zip Code		7-,-
	5714 Ashley Spring Ct Katy, TX 77494-2213			
8 Principal occu	upation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
President	T	R	.G. Miller	
4 Date	5 Full name of contributorout-of-state P/	AC	7 Amount of contribution (\$)	
01/18/2023	Costas Georghiou			\$1,000.00
	6 Contributor address; City; Sta	te; Zip Code		
	3131 Briarpark Dr Ste 200 Houston, TX 77042-379	93		
8 Principal occu Principal	upation / Job title (See Instructions)		yer (See Instructions) GAL	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Dexter Lorance-N				
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/01/2023	Costas Georghiou		\$2,500.00	
	6 Contributor address; City; State;	Zip Code		
	3131 Briarpark Dr Ste 200 Houston, TX 77042-3793			
8 Principal occup Principal	pation / Job title (See Instructions)		yer (See Instructions) GAL	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/05/2023	Mark Gibson		\$25.00	
	6 Contributor address; City; State;	Zip Code	,	
	6307 Penhallow Ln Missouri City, TX 77459-7679			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
02/28/2023	Lance C. Gilliam		\$2,500.00	
	6 Contributor address; City; State;	Zip Code		
	3115 Reba Dr Houston, TX 77019-6209			
8 Principal occup Real Estate	pation / Job title (See Instructions)		yer (See Instructions) /aterman Steele Real Estate Advisors	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Charles Gooden		\$500.00	
	6 Contributor address; City; State;	Zip Code		
	6110 W Oaks Cir S Pearland, TX 77584-1068			
8 Principal occup Chief Operat	pation / Job title (See Instructions) ing Officer		yer (See Instructions) harles D. Gooden Consulting Engineers Inc.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
04/17/2023	Charles Gooden		\$100.00	
	6 Contributor address; City; State;	Zip Code		
	6110 W Oaks Cir S Pearland, TX 77584-1068			
8 Principal occup	pation / Job title (See Instructions)		yer (See Instructions)	
Chief Operat	ing Officer	C	harles D. Gooden Consulting Engineers Inc.	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2 FILER NAM				3 Filer ID (Ethics Commission Filers)
	e-Navario McCoy			
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
05/05/2023	Charles Gooden			\$250.00
	6 Contributor address;	City; State;	Zip Code	
	6110 W Oaks Cir S Pearland, TX	77584-1068		
	cupation / Job title (See Instruction erating Officer	s)		yer (See Instructions) Charles D. Gooden Consulting Engineers Inc.
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
05/08/2023	Glen Graham			\$300.00
	6 Contributor address;	City; State;	Zip Code	\$300.00
	11906 Osage Park Dr Houston, 7	TX 77065-3808		
8 Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
01/18/2023	Halff Associates-State PAC			\$2,500.00
	6 Contributor address;	City; State;	Zip Code	
	1201 N Bowser Rd Richardson,	ΓX 75081-2220		
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
05/07/2023	Halff Associates-State PAC			\$2,500.00
	6 Contributor address;	City; State;	Zip Code	1
	1201 N Bowser Rd Richardson,	ΓX 75081-2220		
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
01/18/2023	David Hamilton			\$750.00
	6 Contributor address;	City; State;	Zip Code	
	12315 Woodthorpe Ln Houston,	TX 77024-4108		
8 Principal occ	cupation / Job title (See Instruction	s)		yer (See Instructions)
Executive	Vice President		В	inkley & Barfield

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1: not available
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dexter Lorance-N	Navario McCoy	
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/12/2023	David Hamilton	\$500.00
	6 Contributor address; City; State; Zip C	Code
	12315 Woodthorpe Ln Houston, TX 77024-4108	
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Executive Vi	ce President	Binkley & Barfield
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/07/2023	Randi Hanks	\$75.00
	6 Contributor address; City; State; Zip C	Code
	16210 Soaring Eagle Dr Houston, TX 77083-5152	
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
06/28/2023	Michael Harris	\$2,500.00
	6 Contributor address; City; State; Zip C	
	1330 Post Oak Blvd Ste 2550 Houston, TX 77056-3164	
8 Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructions) The Harris Law Firm
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
04/25/2023	Aamir Hasanali	\$25.00
	6 Contributor address; City; State; Zip C	Code
	18218 Kilmacolm Dr Richmond, TX 77407-4546	
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/01/2023	Mark Heidaker	\$1,500.00
	6 Contributor address; City; State; Zip C	Code
	19855 Southwest Fwy Ste 200 Sugar Land, TX 77479-6536	
	pation / Job title (See Instructions)	Employer (See Instructions)
Developer		Property Acquisition Services Inc

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: not available		
2 FILER NAMI	E			3 Filer ID (Ethics Commission F	ilers)
Dexter Lorance	e-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Lyle Henkel				\$1,500.00
	6 Contributor address;	City; State;	Zip Code		
	8630 Wyndham Village Dr Jerse	y Village, TX 77040-1	142		
8 Principal occ Principal	cupation / Job title (See Instruction	s)		yer (See Instructions) erra a Bowman Company	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/16/2023	Rod Hill				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	126 E Amite St Jackson, MS 392	:01-2101			
	cupation / Job title (See Instruction	s)		yer (See Instructions)	
President	E Full pages of contributor			MS Engineers	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Jubair Hossain				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	15627 Sand Bluestem Dr Cypres	s, TX 77433-1883			
8 Principal occ President	cupation / Job title (See Instruction	s)		yer (See Instructions) TS Consultants	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Houston Apartment Association				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	4810 Westway Park Blvd Housto	on, TX 77041-2002			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/05/2023	Dianne Howard				\$50.00
	6 Contributor address;	City; State;	Zip Code		
	7402 Addicks Clodine Rd Houst	on, TX 77083-3917			
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Dexter Lorance	e-Navario McCoy			
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	Shou Ting Hu		\$1,000.00	
	6 Contributor address; City; State;	Zip Code		
	105 Pamellia Dr Bellaire, TX 77401-3711			
8 Principal occ President	cupation / Job title (See Instructions)		yer (See Instructions) viles Engineering	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	John Hull		\$100.00	
	6 Contributor address; City; State;	Zip Code	,	
	7811 Dashwood Dr Houston, TX 77036-4939			
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Yolanda Humphrey		\$250.00	
	6 Contributor address; City; State;	Zip Code		
	1235 North Loop W Ste 600 Houston, TX 77008-177	2		
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	IEA PAC		\$2,500.00	
7.1	6 Contributor address; City; State;	Zip Code		
	18383 Preston Rd Ste 500 Dallas, TX 75252-5490			
8 Principal occ	cupation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)	
05/15/2023	Sardar Imam		\$500.00	
	6 Contributor address; City; State;	Zip Code		
	19 Saint Christopher Ct Sugar Land, TX 77479-4204			
8 Principal occ	cupation / Job title (See Instructions)	, ,	yer (See Instructions) Ienasa BD	

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: not available	
2 FILER NAME				3 Filer ID (Ethics Commission I	ilers)
Dexter Lorance-l	Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	Larry Janak				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		
	19215 Cohen Green Ln Lan Housto	on, TX 77094-4127			
8 Principal occul Executive V	pation / Job title (See Instructions) ice President			yer (See Instructions) DCUS, Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/29/2023	Larry Janak				\$2,000.00
	6 Contributor address;	City; State;	Zip Code		, , , , , , , , , , , , , , , , , , , ,
	19215 Cohen Green Ln Lan Housto	on, TX 77094-4127			
	pation / Job title (See Instructions)			ver (See Instructions)	
Executive Vi			II	OCUS, Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	Fulvio Jaramillo				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	5428 Mcculloch Cir Houston, TX 7	7056-6641			
8 Principal occup Principal	pation / Job title (See Instructions)			ver (See Instructions) econ Structural Engineering	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
06/28/2023	Muhammad Javed				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	2295 Avalon St Beaumont, TX 777	07-4703			
	pation / Job title (See Instructions)			ver (See Instructions)	
Healthcare ex			R	iceladhealthcare	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	Gabriel Johnson				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	9407 Reston Grove Ln Houston, T	X 77095-2258			
	pation / Job title (See Instructions)			ver (See Instructions)	
President			A	IG Technical Services LLC	

SCHEDULE A1

The Inst	truction Guide explains how to complete this form.	Total pages Schedule A1: not available	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Dexter Lorance-Na	vario McCoy		
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)	
06/29/2023	Gabriel Johnson	\$1,500.00	
	6 Contributor address; City; State; Zip Code		
	9407 Reston Grove Ln Houston, TX 77095-2258		
8 Principal occupa President		oyer (See Instructions) AIG Technical Services LLC	
4 Date	5 Full name of contributor out-of-state PAC	7 Amount of contribution (\$)	
04/19/2023	David Johnston	\$500.00	
	6 Contributor address; City; State; Zip Code	5500.00	
	4023 Oak Grove Ct Sugar Land, TX 77479-2424		
		yer (See Instructions)	
Engineer		GGE, Incl	
	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)	
05/15/2023	Inderjit Kaur	\$10,000.00	
	6 Contributor address; City; State; Zip Code		
	13218 Oregold Dr Houston, TX 77041-6532		
8 Principal occupa None		yer (See Instructions) Jone	
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)	
01/26/2023	KCI Texas PAC	\$2,500.00	
	6 Contributor address; City; State; Zip Code		
	11550 W Interstate 10 Ste 395 San Antonio, TX 78230-1037		
8 Principal occupa	tion / Job title (See Instructions) 9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)	
05/07/2023	Liaquat Khowaja	\$50.00	
	6 Contributor address; City; State; Zip Code		
	10610 Menelaws Trl Richmond, TX 77407-4348		
8 Principal occupa	tion / Job title (See Instructions) 9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Ins	struction Guide explains how to complete this fo	Total pages Schedule A1: not available		
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Dexter Lorance-N	lavario McCoy			
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/05/2023	Joseph Killebrew			\$50.00
	6 Contributor address; City; State;	Zip Code		
	8835 Arch Rock Dr Cypress, TX 77433-7227			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Prasad Kolluru			\$1,000.00
	6 Contributor address; City; State;	Zip Code		
	94 Heathrow Ln Sugar Land, TX 77479-2517			
8 Principal occup	pation / Job title (See Instructions)		/er (See Instructions)	
President		A	mani Engineering	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Prasad Kolluru			\$2,500.00
	6 Contributor address; City; State;	Zip Code		
	94 Heathrow Ln Sugar Land, TX 77479-2517			
8 Principal occup President	eation / Job title (See Instructions)		ver (See Instructions) mani Engineering	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Paul Kwan			\$2,500.00
	6 Contributor address; City; State;	Zip Code		
	13423 Amber Queen Ln Houston, TX 77041-5550			
	ation / Job title (See Instructions)		ver (See Instructions) andtech Consultants, Inc	
Engineer	[5.5.II]	La		
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/01/2023	Paul Kwan			\$500.00
	6 Contributor address; City; State;	Zip Code		
	13423 Amber Queen Ln Houston, TX 77041-5550			
8 Principal occup	eation / Job title (See Instructions)		ver (See Instructions)	
Engineer		La	andtech Consultants, Inc	

SCHEDULE A1

The Ins	struction Guide explains how to complete this fo	rm.	Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Dexter Lorance-N	avario McCoy			
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
01/05/2023	Daniel Lee			\$500.00
	6 Contributor address; City; State;	Zip Code		
	23430 Fairbranch Dr Katy, TX 77494-7507			
8 Principal occup Attorney	ation / Job title (See Instructions)		/er (See Instructions) .Y. Lee Legal Group	
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)	
06/08/2023	Victor Lee			\$2,500.00
	6 Contributor address; City; State;	Zip Code		,-
	3224 Timmons Ln Apt 137 Houston, TX 77027-5932			
8 Principal occup Management	ation / Job title (See Instructions)		ver (See Instructions)	
4 Date	5 Full name of contributor Quit-of-state PAC		7 Amount of contribution (\$)	
			Amount of contribution (\$)	
05/04/2023	Hazel Lucas			\$25.00
	6 Contributor address; City; State;	Zip Code		
	8423 Green Cedar Dr Houston, TX 77083-5384			
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
03/06/2023	Anjaneya Prasad Maragani			\$3,500.00
	6 Contributor address; City; State;	Zip Code		
	3815 Tarragon Bend Dr Richmond, TX 77406-2618			
	ation / Job title (See Instructions)		/er (See Instructions)	
Project Mana		K	AVI Consulting Inc.	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
01/22/2023	Kevin Matocha			\$5,000.00
	6 Contributor address; City; State;	Zip Code		
	1600 Highway 6 Ste 245 Sugar Land, TX 77478-4991			
8 Principal occup	ation / Job title (See Instructions)		ver (See Instructions)	
President		St	onehenge Holdings, LLC	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2 FILER NAME				3 Filer ID (Ethics Commission I	Filers)
Dexter Lorance-	-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/19/2023	Kevin Matocha				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	1600 Highway 6 Ste 245 Sugar L	and, TX 77478-4991			
8 Principal occu President	upation / Job title (See Instructions	5)		yer (See Instructions) tonehenge Holdings, LLC	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/01/2023	Kevin Matocha				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	1600 Highway 6 Ste 245 Sugar L	and, TX 77478-4991			
	upation / Job title (See Instructions	s)		yer (See Instructions)	
President			S	tonehenge Holdings, LLC	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/11/2023	Randy McClendon				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	416 Lakeside Blvd Sugar Land, T	X 77478-3960			
	upation / Job title (See Instructions eyor since 1982	3)		yer (See Instructions) ejas Surveying Inc	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Ranney McDonough				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	3 Pin Oak Estates Dr Bellaire, TX	77401-4224			
	upation / Job title (See Instructions	5)		yer (See Instructions)	
president			N.	cDonough Engineering	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/12/2023	Ranney McDonough				\$100.00
	6 Contributor address;	City; State;	Zip Code		
	3 Pin Oak Estates Dr Bellaire, TX	77401-4224			
	upation / Job title (See Instructions	s)		yer (See Instructions)	
president			N.	Conough Engineering	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		Total pages Schedule A1: not available			
2 FILER NAME				3 Filer ID (Ethics Commission Fi	lers)
Dexter Lorance-	Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Ranney McDonough				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		
	3 Pin Oak Estates Dr Bellaire, T.	X 77401-4224			
8 Principal occu president	pation / Job title (See Instruction	ns)		yer (See Instructions) AcDonough Engineering	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Adriana Mendoza				\$25.00
	6 Contributor address;	City; State;	Zip Code		<i>525</i> ,00
	15895 RIVERSIDE Rd Houston	, TX 77083			
8 Principal occu	pation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/26/2023	Dimitri Millas				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	1301 Mckinney St Ste 5100 Hou	ston, TX 77010-3095			
8 Principal occu Attorney	pation / Job title (See Instruction	s)		yer (See Instructions) forton Rose Fulbright	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	3
02/01/2023	Jack Miller				\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	1146 Gardencrest Ln Ste 200 Ho	uston, TX 77077-1968	3		
	pation / Job title (See Instruction	s)		yer (See Instructions)	
Engineer	E Full name of contributor		K	.G. Miller Engineers, Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Jack Miller				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		
	1146 Gardencrest Ln Ste 200 Ho	uston, TX 77077-1968			
	pation / Job title (See Instruction	s)		yer (See Instructions)	
Engineer			K	.G. Miller Engineers, Inc.	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2 FILER NAME	Ε			3 Filer ID (Ethics Commission Filers)
Dexter Lorance	e-Navario McCoy			
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
05/02/2023	Marcelo Moacyr			\$525.00
	6 Contributor address;	City; State;	Zip Code	
	5719 MARTINIQUE Pass Hous	ton, TX 77042		
	cupation / Job title (See Instruction f Business Development	ıs)		yer (See Instructions) GGE Inc.
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
01/09/2023	Rosendo Molina			\$250.00
	6 Contributor address;	City; State;	Zip Code	
	7128 Elgin St Pearland, TX 7758	84-1100		
8 Principal occ	cupation / Job title (See Instruction	is)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
05/07/2023	Jay Morris			\$125.00
	6 Contributor address;	City; State;	Zip Code	
	16210 Rolling View Trl Cypress	, TX 77433-5857		
8 Principal occ	cupation / Job title (See Instruction	es)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
01/18/2023	Bonnie Moss			\$2,500.00
	6 Contributor address;	City; State;	Zip Code	
	12418 Westella Dr Houston, TX	77077-3920		
8 Principal occ Engineer	cupation / Job title (See Instruction	is)		yer (See Instructions) MBCO Engineering, LLC
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
01/25/2023	Golam Mostofa			\$1,000.00
	6 Contributor address;	City; State;	Zip Code	
	26322 Millies Creek Ln Cypress	, TX 77433-2694		
8 Principal occ Employed	cupation / Job title (See Instruction	es)		yer (See Instructions) Aidatream and Terminal Services LLC

SCHEDULE A1

The Ins	truction Guide explains how to complete this for	rm.	Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Dexter Lorance-N				
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
05/05/2023	Golam Mostofa			\$1,500.00
	6 Contributor address; City; State;	Zip Code		
	26322 Millies Creek Ln Cypress, TX 77433-2694			
8 Principal occup Employed	ation / Job title (See Instructions)		ver (See Instructions) Education and Terminal Services LLC	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
06/30/2023	Golam Mostofa			\$2,500.00
	6 Contributor address; City; State;	Zip Code		,
	26322 Millies Creek Ln Cypress, TX 77433-2694			
8 Principal occup	ation / Job title (See Instructions)		ver (See Instructions)	
Employed		M	idatream and Terminal Services LLC	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
06/16/2023	Mark Musemeche			\$2,500.00
	6 Contributor address; City; State;	Zip Code		
	4316 Bellaire Blvd Bellaire, TX 77401-4304			
8 Principal occup Developer	ation / Job title (See Instructions)		ver (See Instructions) Group	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
01/12/2023	Harish Narayanappa			\$1,000.00
	6 Contributor address; City; State;	Zip Code		
	5110 Camden Haven Ln Sugar Land, TX 77479-4654			
8 Principal occup	ation / Job title (See Instructions)		ver (See Instructions)	
Engineer		EF	PIC Transportation Group LP	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
05/25/2023	Norton Rose Fulbright			\$2,000.00
	6 Contributor address; City; State;	Zip Code		
	1301 Mckinney St Ste 5100 Houston, TX 77010-3095			
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The Ins	struction Guide explains how to complete this fo	orm.	Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
Dexter Lorance-N	lavario McCoy			
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	,
04/05/2023	Nelson Nuckles			\$250.00
	6 Contributor address; City; State;	Zip Code		
	7119 Avoncrest Ln Richmond, TX 77407-7020			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Olivia Nunez			\$25.00
	6 Contributor address; City; State;	Zip Code		
	15203 Aurora St Sugar Land, TX 77498-1328			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/24/2023	Hilda Oberegon Lease			\$2,500.00
	6 Contributor address; City; State;	Zip Code		
	24827 Northampton Forest Dr Spring, TX 77389-2912			
8 Principal occup President	pation / Job title (See Instructions)		ver (See Instructions) ODS Surveying, Inc.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/01/2023	Hilda Oberegon Lease			\$500.00
	6 Contributor address; City; State;	Zip Code		
	24827 Northampton Forest Dr Spring, TX 77389-2912			
8 Principal occup President	pation / Job title (See Instructions)		ver (See Instructions) ODS Surveying, Inc.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
02/01/2023	Pape-Dawson Engineers PAC			\$2,500.00
	6 Contributor address; City; State;	Zip Code		
	2000 NW Loop 410 San Antonio, TX 78213-2251			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The In	estruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: not available
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dexter Lorance-	Navario McCoy		
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
05/07/2023	Pape-Dawson Engineers PAC		\$1,500.00
	6 Contributor address; City; State;	Zip Code	
	2000 NW Loop 410 San Antonio, TX 78213-2251		
8 Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
04/17/2023	Jose Pedraza		\$100.00
	6 Contributor address; City; State;	Zip Code	
	31211 Birch Mills Dr Hockley, TX 77447-2087		
8 Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
05/07/2023	Jeff Pena		\$500.00
	6 Contributor address; City; State;	Zip Code	
	11854 Briar Forest Dr Houston, TX 77077-4131		
8 Principal occu Civil Engine	pation / Job title (See Instructions) eer		ver (See Instructions) ander Engineering Corp
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
01/24/2023	Satya Pilla		\$5,000.00
	6 Contributor address; City; State;	Zip Code	
	4103 Oak Blossom Ct Houston, TX 77059-3265		
8 Principal occu Principal	pation / Job title (See Instructions)		ver (See Instructions) GET Services, LLC
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)
02/01/2023	Plumbers Local Union 68		\$1,000.00
	6 Contributor address; City; State;	Zip Code	
	PO Box 8746 Houston, TX 77249-8746		
8 Principal occu	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)

SCHEDULE A1

2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Dexter Lorance-Navario McCoy	
4 Date 5 Full name of contributor out-of-state PAC7	Amount of contribution (\$)
05/05/2023 John Puder	\$50.00
6 Contributor address; City; State; Zip Code	
8306 Woodland Willows Dr Houston, TX 77083-5547	
8 Principal occupation / Job title (See Instructions) 9 Employer	r (See Instructions)
4 Date 5 Full name of contributor	Amount of contribution (\$)
04/19/2023 Quiddity PAC	\$2,500.00
6 Contributor address; City; State; Zip Code	
6330 West Loop S Ste 150 Bellaire, TX 77401-2920	
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
4 Date 5 Full name of contributor Out-of-state PAC 7	Amount of contribution (\$)
05/05/2023 Patrick Quincy	\$25.00
6 Contributor address; City; State; Zip Code	
2222 Arundel Crossing Dr Sugar Land, TX 77479-8940	
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
4 Date 5 Full name of contributor out-of-state PAC 7	Amount of contribution (\$)
01/18/2023 Raba-Kistner PAC	\$1,000.00
6 Contributor address; City; State; Zip Code	
PO Box 690287 San Antonio, TX 78269-0287	
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
4 Date 5 Full name of contributor out-of-state PAC 7	Amount of contribution (\$)
05/05/2023 Paul Raffoul	\$35.00
6 Contributor address; City; State; Zip Code	
20634 Garden Ridge Cyn Richmond, TX 77407-4134	
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)

SCHEDULE A1

The I	Instruction Guide explains how to complete this	form.	Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Dexter Lorance	e-Navario McCoy			
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/16/2023	Randy Randermann		\$1,0	00.00
	6 Contributor address; City; State	; Zip Code	111	
	903 Windsor Woods Ln Katy, TX 77494-5000			
8 Principal occ Engineer	upation / Job title (See Instructions)		yer (See Instructions) rown & Gay	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/01/2023	Randy Randermann		\$1.5	00.00
	6 Contributor address; City; State	; Zip Code		
	903 Windsor Woods Ln Katy, TX 77494-5000			
	upation / Job title (See Instructions)		ver (See Instructions)	
Engineer		B	rown & Gay	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
03/06/2023	Vijaya Rapolu		\$3,5	00.00
	6 Contributor address; City; State	; Zip Code		
	27822 Acacia Glen Ln Katy, TX 77494-3234			
8 Principal occ Civil Engir	upation / Job title (See Instructions)		ver (See Instructions) avi Consulting Inc.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Harold Reddish		\$7:	50.00
	6 Contributor address; City; State	; Zip Code		
	1302 Cedar Terrace Ct Sugar Land, TX 77479-5884			
8 Principal occi President	upation / Job title (See Instructions)		ver (See Instructions) inkley & Barfield	
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)	
05/06/2023	Kevin Reed			50.00
	6 Contributor address; City; State	; Zip Code	φ.	50.00
	9250 Floral Crest Dr Houston, TX 77083-6225			
8 Principal occi	upation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1: not available
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dexter Lorance-N	avario McCoy	
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
04/19/2023	Responsible Government PAC	\$1,000.00
	6 Contributor address; City; State; Zip C	ode
	5005 Riverway Dr Ste 500 Houston, TX 77056-2196	
8 Principal occup	pation / Job title (See Instructions) 9 E	Employer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/02/2023	Ron Reynolds	\$500.00
	6 Contributor address; City; State; Zip C	ode
	6140 Highway 6 Ste 233 Missouri City, TX 77459-3802	
		Employer (See Instructions)
State Represe		Ron Reynolds Consulting
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
04/13/2023	James Rice	\$100.00
	6 Contributor address; City; State; Zip Co	ode
	5402 Oban Terrace Ln Sugar Land, TX 77479-4776	
8 Principal occup	eation / Job title (See Instructions) 9 E	Employer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/07/2023	Natcisima Ridriguez	\$25.00
	6 Contributor address; City; State; Zip Co	ode
	15831 Mission Glen Dr Houston, TX 77083-5247	
8 Principal occup	eation / Job title (See Instructions) 9 E	Employer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
03/06/2023	Mahendra Rodrigo	\$2,500.00
	6 Contributor address; City; State; Zip Co	ode
	2505 S Park Ave Ste A Pearland, TX 77581-4265	
	eation / Job title (See Instructions) 9 E	Employer (See Instructions)
Engineer		GC Engineering, Inc.

SCHEDULE A1

The In	struction Guide explains how to complete this fo	rm.	Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	3)
Dexter Lorance-1				
4 Date	5 Full name of contributorout-of-state PAC _	_	7 Amount of contribution (\$)	
05/07/2023	Annette Rolle			\$25.00
	6 Contributor address; City; State;	Zip Code		
	8415 Green Cedar Dr Houston, TX 77083-5384			
8 Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
04/06/2023	Andrew Rue			\$500.00
	6 Contributor address; City; State;	Zip Code		
	14306 Broadgreen Dr Houston, TX 77079-6605			
8 Principal occu Project Man	pation / Job title (See Instructions) ager		ver (See Instructions) Voodmere	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
04/19/2023	Jim Russ		\$	1,000.00
	6 Contributor address; City; State;	Zip Code		
	10011 Meadowglen Ln Houston, TX 77042-3760			
8 Principal occu President &	pation / Job title (See Instructions) CEO		ver (See Instructions) HRA	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
01/18/2023	Dylan Russell			\$250.00
	6 Contributor address; City; State;	Zip Code		
	4518 Pebblestone Dr Missouri City, TX 77459-1615			
8 Principal occup	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
05/07/2023	Fakhruddin Sabir		\$	1,500.00
	6 Contributor address; City; State;	Zip Code		
	11810 Hallowed Stream Ln Cypress, TX 77433-1677			
	pation / Job title (See Instructions)		/er (See Instructions)	
Architect		F	S Group Architects	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available			
2 FILER NAM	E			3 Filer ID (Ethics Commission	Filers)
Dexter Lorance	e-Navario McCoy				
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
02/20/2023	Walt Sass				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	2707 Autumn Lake Dr Katy, TX 7	7450-5781			
8 Principal occ Principal	cupation / Job title (See Instructions)			yer (See Instructions) Veisser Engineering & Surveying	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/03/2023	Walt Sass				\$1,500.00
	6 Contributor address;	City; State;	Zip Code		
	2707 Autumn Lake Dr Katy, TX 7	7450-5781			
8 Principal occ	cupation / Job title (See Instructions)			yer (See Instructions) Veisser Engineering & Surveying	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/22/2023	Andrew Schatte				\$5,000.00
	6 Contributor address;	City; State;	Zip Code		40,000,00
	5330 Montrose Blvd Houston, TX	77005-1831			
8 Principal occ CEO	cupation / Job title (See Instructions)			yer (See Instructions) merica's Holding, Ltd.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Khairi Sharif				\$250.00
	6 Contributor address;	City; State;	Zip Code		
	1927 Fergus Park Ct Houston, TX	77047-7525			
8 Principal occ	cupation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Anthony Shepherd				\$500.00
	6 Contributor address;	City; State;	Zip Code		
	914 Elder St Houston, TX 77002-1	.514			
	cupation / Job title (See Instructions)			yer (See Instructions)	
Attorney			L	aw Office of Anthony A. Shepherd	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Dexter Lorance-N		
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/06/2023	Crystal Sherrard	\$50.00
	6 Contributor address; City; State; Zip Code	
	7907 Addicks Clodine Rd Houston, TX 77083-4903	
8 Principal occup	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
05/04/2023	Moe Shihadeh	\$10,000.00
	6 Contributor address; City; State; Zip Code	
	11907 Arcadia Bend Ln Houston, TX 77041-6219	
		yer (See Instructions)
Administrato	r F	Earth engineering Inc
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
01/24/2023	Robert Siegfried	\$5,000.00
	6 Contributor address; City; State; Zip Code	
	10238 Wildwood Park Ln # 100 Houston, TX 77070-3457	
8 Principal occup	, , ,	yer (See Instructions)
Engineer	S	liegfried Engineering & Construction LLC
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
06/27/2023	Robert Siegfried	\$500.00
	6 Contributor address; City; State; Zip Code	
	10238 Wildwood Park Ln # 100 Houston, TX 77070-3457	
8 Principal occup		yer (See Instructions)
Engineer		iegfried Engineering & Construction LLC
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)
04/19/2023	Daniel Signorelli	\$1,000.00
	6 Contributor address; City; State; Zip Code	
	1401 Woodlands Pkwy The Woodlands, TX 77380-1122	
		yer (See Instructions)
CEO	1	he Signorelli Company

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2 FILER NAME	1.11.0			3 Filer ID (Ethics Commission	Filers)
Dexter Lorance-N					
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
02/14/2023	Jasmeeta Singh				\$10,000.00
	6 Contributor address;	City; State	Zip Code		
	2511 STILL HARBOUR Dr Hou	ston, TX 77041			
8 Principal occup N/A	ation / Job title (See Instructions	5)		yer (See Instructions) /A	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/10/2023	Michael Siwierka				\$1,500.00
	6 Contributor address;	City; State	Zip Code		,
	1420 Lake Pointe Pkwy Sugar La	nd, TX 77478-3998			
8 Principal occup Attorney	ation / Job title (See Instructions	5)		yer (See Instructions) elf	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
03/08/2023	Scott Snodgrass				\$2,500.00
	6 Contributor address;	City; State	Zip Code		
	3019 Glen Spring Dr Kingwood,	TX 77339-1308			
8 Principal occup Small Busine	ation / Job title (See Instructions ss Owner	3)		yer (See Instructions) dible Group LLC	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/24/2023	Lenora Sorola-Pohlman				\$25.00
	6 Contributor address;	City; State:	Zip Code		
	2314 Tannehill Dr Houston, TX 7	7008-3049			
8 Principal occup	ation / Job title (See Instructions	3)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Mauricio Sotelo				\$25.00
	6 Contributor address;	City; State;	Zip Code		
	8510 Brompton Place Dr Houston	a, TX 77083-5287			
8 Principal occup	ation / Job title (See Instructions	3)	9 Employ	ver (See Instructions)	

SCHEDULE A1

The I	nstruction Guide explains how	to complete this fo	orm.	Total pages Schedule A1: not available	
2 FILER NAME Dexter Lorance	-Navario McCoy			3 Filer ID (Ethics Commission I	Filers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/18/2023	Cheryl L. Sterling				\$250.00
	6 Contributor address;	City; State;	Zip Code		\$250.00
	16507 Teak Dr Missouri City, TX	X 77489-3929			
8 Principal occu	upation / Job title (See Instruction:	s)	9 Emplo	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/19/2023	Jay Sunderwala				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		42,01010
	8219 Terrace Brook Dr Ste 119 H	Houston, TX 77040-60)78		
8 Principal occu Principal E	upation / Job title (See Instructions	s)		yer (See Instructions) Iinyo & Moore	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/16/2023	Issam Talje				\$1,000.00
	6 Contributor address;	City; State;	Zip Code		
	12042 Miramar Shores Dr Housto	on, TX 77065-3944			
8 Principal occu Vice Presid	upation / Job title (See Instructions lent	5)		yer (See Instructions) Voolpert Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/12/2023	Richard Tate				\$250.00
	6 Contributor address;	City; State;	Zip Code		
	206 S 2nd St Richmond, TX 7746	59-3128			
8 Principal occu	upation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	✓ out-of-state PAC	C00564807	7 Amount of contribution (\$)	
04/19/2023	Taylor Morrison Inc. Building Str	rong Business PAC			\$2,500.00
	6 Contributor address;	City; State;	Zip Code		
	4900 N Scottsdale Rd Ste 6000 Se	cottsdale, AZ 85251-7	7679		
8 Principal occu	upation / Job title (See Instructions	5)	9 Employ	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Dexter Lorance-N	avario McCoy			
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
01/18/2023	Teague Nall and Perkins (TNP) PAC			\$1,000.00
1	6 Contributor address; City; State;	Zip Code		
	5237 N Riverside Dr Ste 100 Fort Worth, TX 76137-240	09		
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC _		7 Amount of contribution (\$)	
01/18/2023	Haddis Tewolde			\$1,000.00
1	6 Contributor address; City; State;	Zip Code		
	16522 Teak Dr Missouri City, TX 77489-3928			
	ation / Job title (See Instructions)		ver (See Instructions)	
engineer		A	ll-Terra Eng.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
05/04/2023	Haddis Tewolde			\$1,500.00
	6 Contributor address; City; State;	Zip Code		
	16522 Teak Dr Missouri City, TX 77489-3928	,		
8 Principal occupa	ation / Job title (See Instructions)		ver (See Instructions) II-Terra Eng.	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
01/16/2023	Kenneth Thomas			\$100.00
	6 Contributor address; City; State;	Zip Code		
	16707 Wilsons Creek Ln Houston, TX 77083-7219			
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4 Date	5 Full name of contributorout-of-state PAC		7 Amount of contribution (\$)	
02/16/2023	Kenneth Thomas			\$100.00
	6 Contributor address; City; State;	Zip Code		
	16707 Wilsons Creek Ln Houston, TX 77083-7219			
8 Principal occup	ation / Job title (See Instructions)	9 Employ	ver (See Instructions)	

SCHEDULE A1

	The Instruction Guide explains how to complete this form.		
		3 Filer ID (Ethics Commission F	ilers)
Navario McCoy			
5 Full name of contributorout-of-state	PAC	7 Amount of contribution (\$)	
Kenneth Thomas			\$100.00
6 Contributor address; City; S	State; Zip Code		
16707 Wilsons Creek Ln Houston, TX 77083-72	219		
pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
5 Full name of contributorout-of-state	PAC	7 Amount of contribution (\$)	
Kenneth Thomas			\$100.00
6 Contributor address; City; S	State; Zip Code		
16707 Wilsons Creek Ln Houston, TX 77083-72	219		
pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
5 Full name of contributorout-of-state	PAC	7 Amount of contribution (\$)	
Mary Thomas			\$25.00
6 Contributor address; City; S	State; Zip Code		
3101 Vista Dr Apt 5305 Rosenberg, TX 77471-2	2384		
pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
5 Full name of contributorout-of-state	PAC	7 Amount of contribution (\$)	
Todd Thurber			\$3,000.00
6 Contributor address; City; S	State; Zip Code		
2929 Briarpark Dr Ste 600 Houston, TX 77042-3	3768		
pation / Job title (See Instructions)		•	
5 Full name of contributorout-of-state	PAC	7 Amount of contribution (\$)	
Jahan Tolliver			\$25.00
6 Contributor address; City; S	State; Zip Code		
8234 Gunston Commons Way Lorton, VA 22079	9-5027		
pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
	Kenneth Thomas 6 Contributor address; City; Section / Job title (See Instructions) 5 Full name of contributor	S Full name of contributor	Savario McCoy

SCHEDULE A1

The Instruction Guide explains how to complete this form.		Total pages Schedule A1: not available		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Dexter Lorance-N	avario McCoy	•		
4 Date	5 Full name of contributor out-of-state PAC C00457853	7 Amount of contribution (\$)		
01/22/2023	TSVC, Inc. Political Action Committee (Terracon PAC)	\$2,500.00		
	6 Contributor address; City; State; Zip Code			
	10841 S Ridgeview Rd Olathe, KS 66061-6456			
8 Principal occup	ation / Job title (See Instructions) 9 Employ	yer (See Instructions)		
4 Date	5 Full name of contributor out-of-state PAC C00457853	7 Amount of contribution (\$)		
06/02/2023	TSVC, Inc. Political Action Committee (Terracon PAC)	\$1,500.00		
	6 Contributor address; City; State; Zip Code			
	10841 S Ridgeview Rd Olathe, KS 66061-6456			
8 Principal occup	ation / Job title (See Instructions) 9 Employ	yer (See Instructions)		
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)		
03/15/2023	Asim Tufail	\$2,500.00		
	6 Contributor address; City; State; Zip Code			
	5447 Larkin St Houston, TX 77007-1803			
8 Principal occup Engineer		yer (See Instructions) lackline Engineering		
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)		
02/07/2023	Llarance Turner	\$2,500.00		
	6 Contributor address; City; State; Zip Code			
	3014 Avenue O Rosenberg, TX 77471-4565			
8 Principal occup President		yer (See Instructions) aluza Inc		
4 Date	5 Full name of contributorout-of-state PAC	7 Amount of contribution (\$)		
01/27/2023	Ahmed Valdez	\$1,000.00		
	6 Contributor address; City; State; Zip Code			
	15310 Skyhill Dr Cypress, TX 77433-4073			
		yer (See Instructions)		
Engineer	A	KV Consulting Engineers		

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2 FILER NAME Dexter Lorance	≣ e-Navario McCoy			3 Filer ID (Ethics Commission	Filers)
4 Date	5 Full name of contributor	out-of-state PAC	-	7 Amount of contribution (\$)	
04/13/2023	Ahmed Valdez				\$550.00
	6 Contributor address;	City; State;	Zip Code		\$350.00
	15310 Skyhill Dr Cypress, TX 7	7433-4073			
8 Principal occ Engineer	cupation / Job title (See Instruction	s)		yer (See Instructions) KV Consulting Engineers	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
04/24/2023	Ahmed Valdez				\$50.00
	6 Contributor address;	City; State;	Zip Code		\$20.00
	15310 Skyhill Dr Cypress, TX 7	7433-4073			
	upation / Job title (See Instruction	s)		yer (See Instructions)	-
Engineer	15.5.0		A	KV Consulting Engineers	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/08/2023	Amarjit Verma				\$250.00
	6 Contributor address;	City; State;	Zip.Code		
	14403 Ardwell Dr Sugar Land, T	X 77498-5107			
8 Principal occ	upation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
01/10/2023	Swati Verma				\$10,000.00
	6 Contributor address;	City; State;	Zip Code		411,00000
	2601 Hewn Rock Way Pearland,	TX 77584-3286			
	upation / Job title (See Instruction	s)		yer (See Instructions)	
CEO	_		D	risha Services, Inc.	
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)	
05/07/2023	Shelly Wallace				\$25.00
	6 Contributor address;	City; State;	Zip Code		
	2654 Skyview Grove Ct Houston	, TX 77047-6814			
8 Principal occ	upation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: not available		
2 FILER NAM	IE ce-Navario McCoy			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
05/03/2023	Eric Weary			\$50.00
	6 Contributor address;	City; State;	Zip Code	
	8518 Lone Maple Dr Houston, T	X 77083-5327		
8 Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
01/06/2023	Anwar Zahid			\$5,000.00
	6 Contributor address;	City; State;	Zip Code	
	19 Lake Como Dr Missouri City,	TX 77459-1484		
8 Principal oc President	cupation / Job title (See Instruction & CEO	s)		yer (See Instructions) nfraTECH Engineers & Innovators LLC
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
04/24/2023	Giti Zarinkelk			\$1,500.00
	6 Contributor address;	City; State;	Zip Code	
	617 Caroline St Houston, TX 770	002-3538		
8 Principal oc Engineer/	cupation / Job title (See Instruction owner	s)		yer (See Instructions) Zarinkelk Engineering Services Inc.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: not available			
2 FILER NAM	E		3 Fil	er ID (Ethics Comm	nission Filers)
Dexter Lorance-Navario McCoy					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$0.00	
5 Date	6 Full name of contributor out-of-	state PAC		8 Amount of Contribution (\$)	9 In-kind contribution description
05/05/2022	Tia Baker			Contribution (\$)	
05/07/2023	7 Contributor address; City; State; Zip Code			\$1,612.00	Crawfish Boil expenses
	1904 W Grand Pkwy N Ste 100 Katy, TX 77449-189	8		\$1,012.00	
				Check if travel outsid	! de of Texas, Complete Schedule T,
10 Principal occu	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-	IUDICIAL) (See Instructi	ons)
Marketing Man	nager	LJA			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's jot	b title (F	OR JUDICIAL) (See Ins	structions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of cont	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
5 D. H.	C. C. III and a control of the state of the			8 Amount of	9 In-kind contribution
5 Date		state PAC		Contribution (\$)	description
05/07/2023	Mindy Cernosek				Suculents & Table Décor
	7 Contributor address; City; State; Zip Code			\$500.00	
	17814 Scarlet Forest Dr Tomball, TX 77377-4034			_	
					le of Texas. Complete Schedule T.
	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)			IUDICIAL) (See Instructi	ons)
Transportation Southwest Business Developer KCI Technolog					
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job	b title (F	FOR JUDICIAL) (See Ins	structions)
		1.51		(1,) (505)	IIIDIOM \
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of conf	tributor	s spouse (if any) (FOR .	JUDICIAL)
1216	TOP HUBIOLIS				
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 To	Total pages Schedule A2: not available			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Dexter Lorance	-Navario McCoy					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$0.00		
5 Date	6 Full name of contributor out-of-s	state PAC		8 Amount of	9 In-kind contribution	
05/05/2022	Suzanne Haboush			Contribution (\$)	description	
05/07/2023	7 Contributor address; City; State; Zip Code	***************************************		\$500.00	Dumpster & Trash Boxes	
	23310 Roberts Cemetery Rd Hockley, TX 77447-958	66		\$300.00	with Liners	
	,,, ,			Check if travel outsid	! le of Texas, Complete Schedule T,	
10 Principal occup	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-	IUDICIAL) (See Instructi	ons)	
Government Co	ntracts Manager	GFL				
12 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contributor's job	title (F	OR JUDICIAL) (See Ins	structions)	
14 Contributor's e	mployer/law firm (FOR JUDICIAL)	15 Law firm of corit	contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
5 Date	6 Full name of contributor out-of-s	state PAC		8 Amount of Contribution (\$)	In-kind contribution description	
05/07/2023	Jim Russ			(V)		
03/07/2023	7 Contributor address; City; State; Zip Code			\$125.00	Drinks and Ice for Crawfish Boil	
	10011 Meadowglen Ln Houston, TX 77042-3760			7.2	CIGWINI DOLL	
				Check if travel outside of Texas. Complete Schedule T		
10 Principal occup	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-JUDICIAL) (See Instructions)			
President & CEO EHRA						
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)			tructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of cont	ributor	s spouse (if any) (FOR J	IUDICIAL)	
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			Total pages Schedule A2: not available			
	2 FILER NAME Dexter Lorance-Navario McCoy		3 Filer ID (Ethics Commission Filers)			ission Filers)
	UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	ONS				\$0.00
5 Date 05/07/2023	6 Full name of contributor Out-of-	Out-on-state 1 AO		8	Amount of Contribution (\$)	9 In-kind contribution description Drinks and Ice for
03/0//2023	7 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450-5781				\$125.00	
10 Principal occ	upation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	R NON-JUDICIAL) (See Instructions)			
Principal		Weisser Engineering & Surveying				
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of cont	ributor's	s spo	ouse (if any) (FOR J	UDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/31/2023 ActBlue 7 Payee address; 6 Amount (\$) City; State: Zip Code \$511.54 366 Summer St Somerville, MA 02144-3132 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Fees Service Fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/28/2023 ActBlue City; State: Zip Code 6 Amount (\$) 7 Payee address: \$316.00 366 Summer St Somerville, MA 02144-3132 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Service Fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 03/31/2023 ActBlue Zip Code State: City; 6 Amount (\$) 7 Payee address; \$355.50 366 Summer St Somerville, MA 02144-3132 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Service Fee Fees OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 5 Payee name 4 Date 04/30/2023 ActBlue 6 Amount (\$) 7 Payee address; City; State: Zip Code \$285.42 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Service Fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 05/31/2023 ActBlue City; State: Zip Code 6 Amount (\$) 7 Payee address; \$839.87 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Fees Service Fee OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 06/30/2023 ActBlue Payee address; City; State: Zip Code 6 Amount (\$) \$464.13 366 Summer St Somerville, MA 02144-3132 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Fees Service Fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 File	r ID (Ethics Commission Filers)	
not available	Dexter Lorance-Navario McCoy		,	
4 Date	5 Payee name			
01/19/2023	Delilah Agho-Otoghile			
6 Amount (\$)	7 Payee address; City;	State:	Zip Code	
\$5,000.00	11615 Radford Ln Houston, TX 77099-4640			
8	(a) Category (See categories listed at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Consulting Expense	Consulting Fe	ee	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
4 Date	5 Payee name			
03/07/2023	Delilah Agho-Otoghile			
6 Amount (\$) \$5,000.00	7 Payee address; City; 11615 Radford Ln Houston, TX 77099-4640	State:	Zip Code	
8	(a) Category (See categories listed at the top of this schedule)	(b) Descrip	tion	
PURPOSE	Consulting Expense	Consulting Fe		
OF				
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
4 Date	5 Payee name			
01/06/2023	Alexandria Foundation Inc.			
6 Amount (\$) \$250.00	7 Payee address; City;	State:	Zip Code	
	PO Box 31241 Houston, TX 77231-1241			
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Descrip Donation	tion	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan/Repayment/Reimbursement **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Office Overhead/Rental Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/19/2023 Allied Signs 6 Amount (\$) Payee address: City; State: Zip Code \$422.18 6820 Harwin Dr Houston, TX 77036-2210 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense event signs OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/26/2023 Allied Signs 6 Amount (\$) City; State: Zip Code 7 Payee address; \$108.25 6820 Harwin Dr Houston, TX 77036-2210 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Advertising Expense event signs OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/13/2023 Amazon Zip Code 6 Amount (\$) 7 Payee address; City; State: \$15.91 410 Terry Ave N Seattle, WA 98109-5210 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 01/13/2023 Amazon 6 Amount (\$) 7 Payee address: City; State: Zip Code \$196.25 410 Terry Ave N Seattle, WA 98109-5210 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/17/2023 Amazon 6 Amount (\$) Payee address: City; State: Zip Code \$14.59 410 Terry Ave N Seattle, WA 98109-5210 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/17/2023 Amazon 6 Amount (\$) City; State: Zip Code 7 Payee address; \$558.56 410 Terry Ave N Seattle, WA 98109-5210 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Pavee name 01/25/2023 Amazon 6 Amount (\$) Payee address: City; State: Zip Code \$23.32 410 Terry Ave N Seattle, WA 98109-5210 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/05/2023 Amazon City; State: Zip Code 6 Amount (\$) Payee address; \$318.83 410 Terry Ave N Seattle, WA 98109-5210 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 04/11/2023 Amazon City; State: Zip Code 6 Amount (\$) 7 Payee address; \$106.24 410 Terry Ave N Seattle, WA 98109-5210 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Loan/Repayment/Reimbursement Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract Labor ide explains how to complete this		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	у		or its (Edinos Commission Friers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·		
01/17/2023	Ampersand Consulting			
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$929.48	4105 Penn Ave Pittsburgh, PA	15224-1305		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption
PURPOSE OF	Loan Repayment/Reimbursement		Travel expen	ises
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	To be	Office sough	t Office held
4 Date	5 Payee name		0.00	
05/10/2023	Attacking Poverty			
6 Amount (\$) \$309.00	7 Payee address; 3727 Greenbriar Dr Stafford, T.	City; X 77477-3954	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Comm		Donation	
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	r if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
1 Date	5 Payee name			
01/18/2023	Avenue A.			
6 Amount (\$) \$2,194.00	7 Payee address;525 N Sam Houston Pkwy E Sto	City; e 172 Houston, TX 770	State: 060-4014	Zip Code
PURPOSE OF	(a) Category (See categories listed a Event Expense	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	t Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	EDULE AS	NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundraising Expense Event Expense Loan/Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 04/17/2023 Best Buy 6 Amount (\$) 7 Payee address; City; State: Zip Code \$80.08 16980 Southwest Fwy Sugar Land, TX 77479-2350 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Communications Equipment OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/17/2023 Best Buy 7 Payee address; City; State: Zip Code 6 Amount (\$) \$2,484.31 16980 Southwest Fwy Sugar Land, TX 77479-2350 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Communications Equipment OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 04/18/2023 Best Buy City; State: Zip Code 7 Payee address: 6 Amount (\$) \$244.36 16980 Southwest Fwy Sugar Land, TX 77479-2350 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Communications Equipment OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Fees Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Pavee name 04/18/2023 Best Buy 6 Amount (\$) Payee address: City; State: Zip Code \$1,806.24 16980 Southwest Fwy Sugar Land, TX 77479-2350 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Communications Equipment OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH 4 Date 5 Payee name Steve Boardo 05/08/2023 Zip Code 6 Amount (\$) City; State: 7 Payee address; \$325.00 1206 Hannington Dr Katy, TX 77450-5013 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Event Expense Crawfish boil DJ OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 05/25/2023 Boys and Girls Club of Greater Houston City; State: Zip Code 6 Amount (\$) 7 Payee address; \$459.44 815 Crosby St Houston, TX 77019-3054 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Event Expense Venue rental OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 05/26/2023 Brigette Smith-Lawson Campaign 6 Amount (\$) 7 Payee address; City; State: Zip Code \$1,000.00 5826 New Territory Blvd Sugar Land, TX 77479-5948 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Contributions/Donations Made By Donation **OF** Candidate/Officeholder/Political Committee **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/08/2023 **Daniel Cardenas** City; 6 Amount (\$) 7 Pavee address: State: Zip Code \$120.00 2615 Davis Ave Rosenberg, TX 77471-4533 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Event Expense Event security OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/19/2023 James Cardona City; Zip Code State: 6 Amount (\$) 7 Pavee address: \$2,500.00 5216 Leeland St Houston, TX 77023-2022 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Consulting Expense Consulting fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/25/2023 James Cardona State: 6 Amount (\$) 7 Payee address; City; Zip Code \$500.00 5216 Leeland St Houston, TX 77023-2022 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Consulting Expense Consulting fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/25/2023 James Cardona 7 Payee address; City; State: Zip Code 6 Amount (\$) \$756.24 5216 Leeland St Houston, TX 77023-2022 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Consulting fee Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name James Cardona 03/17/2023 City; State: Zip Code 6 Amount (\$) 7 Payee address; \$563.00 5216 Leeland St Houston, TX 77023-2022 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Consulting Expense Consulting fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 04/21/2023 James Cardona 6 Amount (\$) 7 Payee address; City; State: Zip Code \$500.00 5216 Leeland St Houston, TX 77023-2022 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Consulting Expense Consulting fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 4 Date 05/26/2023 James Cardona State: Zip Code 7 Payee address; City; 6 Amount (\$) \$5,430.83 5216 Leeland St Houston, TX 77023-2022 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Consulting Expense Consulting fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 4 Date Central Fort Bend County Chamber of Commerce 02/01/2023 City; State: Zip Code 7 Payee address; 6 Amount (\$) \$1,000.00 4120 Avenue H Rosenberg, TX 77469 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contributions/Donations Made By Sponsorship OF Candidate/Officeholder/Political Committee **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 06/14/2023 Central Fort Bend County Chamber of Commerce 7 Payee address; City; State: Zip Code 6 Amount (\$) \$355.00 4120 Avenue H Rosenberg, TX 77469 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Contributions/Donations Made By Sponsorship OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/27/2023 Christian Menefee Campaign Zip Code 7 Payee address: City; State: 6 Amount (\$) \$250.00 PO Box 53823 Houston, TX 77052-3823 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contributions/Donations Made By Donation **OF** Candidate/Officeholder/Political Committee **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 5 Payee name 4 Date 05/14/2023 Chastin Clark City; State: Zip Code 7 Pavee address: 6 Amount (\$) \$50.00 16642 Greenbriar Point Ln Houston, TX 77095-5549 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Salaries/Wages/Contract Labor Event Staff OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Polling Expense Food/Beverage Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 05/17/2023 Clayton Cook City; Zip Code 6 Amount (\$) 7 Pavee address: State: \$120.00 245000 WILDWOOD PARK Rd # 4105 Richmond, TX 77469 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Event Expense Event security OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 03/03/2023 Costco City; State: Zip Code 6 Amount (\$) 7 Payee address; \$63.34 17520 Southwest Fwy Sugar Land, TX 77479-2359 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 04/06/2023 Danielle Keys Bess Zip Code State: City; 6 Amount (\$) 7 Payee address; \$100.00 PO Box 8367 Houston, TX 77288-8367 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

Revised 11/2022

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 03/03/2023 Dollar Tree 6 Amount (\$) 7 Payee address; City; State: Zip Code \$12.18 24984 Commercial Dr Rosenberg, TX 77471-6212 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/06/2023 East Fort Bend Human Needs Ministry 6 Amount (\$) 7 Pavee address: City; State: Zip Code \$20.00 435 Stafford Run Rd Stafford, TX 77477-5639 8 (b) Description (a) Category (See categories listed at the top of this schedule) PURPOSE Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/21/2023 Eddie V's City; State: Zip Code 6 Amount (\$) 7 Payee address: \$1,315.52 2800 Kirby Dr Ste A100 Houston, TX 77098-1731 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Campaign debrief dinner OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 5 Payee name 4 Date 03/27/2023 Fort Bend Democratic Party 6 Amount (\$) City; State: Zip Code Payee address; \$500.00 3515 SOUTHWEST Fwy # 204 Sugar Land, TX 77478 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 04/19/2023 Front Porch Democrats City: State: Zip Code 6 Amount (\$) 7 Payee address: \$200.00 707 Del Web Blvd Richmond, TX 77469-5886 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contributions/Donations Made By donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 5 Payee name 4 Date 01/03/2023 Frost Bank Zip Code City: State: 6 Amount (\$) 7 Payee address; \$15.00 PO Box 1600 San Antonio, TX 78296-1600 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Fees Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCov not available 4 Date 5 Payee name 01/09/2023 Frost Bank City; 6 Amount (\$) Payee address: State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Fees wire transfer fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/17/2023 Frost Bank City; State: Zip Code 6 Amount (\$) 7 Pavee address: \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/23/2023 Frost Bank Zip Code City; State: 7 Payee address: 6 Amount (\$) \$15.00 PO Box 1600 San Antonio, TX 78296-1600 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** wire transfer fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/30/2023 Frost Bank 6 Amount (\$) 7 Payee address; City; State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** wire transfer fee **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/06/2023 Frost Bank City; 6 Amount (\$) 7 Payee address; State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Fees wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/21/2023 Frost Bank City; State: Zip Code 6 Amount (\$) Payee address; \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** wire transfer fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	sing Expense Event Expense Loan/Repayment/Reimbursem office Overhead/Rental polling Expense vitions/Donations Made By Gift/Awards/Memorials Expense ate/Officeholder/Political tegal Services Legal Services Loan/Repayment/Reimbursem Office Overhead/Rental Polling Expense Polling Expense Salaries/Wages/Contract Laborates		al act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
1 Total pages Schedule F1:					
not available	Dexter Lorance-Navario McCoy				
4 Date	5 Payee name				
02/27/2023	Frost Bank				
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri		
OF					
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
03/06/2023	Frost Bank				
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code	
8 PURPOSE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri		
OF EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
03/13/2023	Frost Bank				
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri		
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Loan/Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 03/20/2023 Frost Bank 6 Amount (\$) 7 Payee address: City; State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Fees wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/03/2023 Frost Bank City; State: Zip Code 6 Amount (\$) 7 Payee address: \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** wire transfer fee **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 04/10/2023 Frost Bank Zip Code State: City; 6 Amount (\$) 7 Payee address; \$15.00 PO Box 1600 San Antonio, TX 78296-1600 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Fees wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDIT	TURE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Loan/Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	al act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	у		ETID (Lunes Commission Filets)
4 Date	5 Payee name			
04/17/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address;	City;	State:	Zip Code
	PO Box 1600 San Antonio, TX	78296-1600		
PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri wire transfer	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	☐Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	
4 Date	5 Payee name			
04/24/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
05/01/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 78296-1600	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	l ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	oy		
4 Date	5 Payee name			
05/08/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address;	City;	State:	Zip Code
	PO Box 1600 San Antonio, TX	X 78296-1600	s	
8 BURDOSE	(a) Category (See categories listed	d at the top of this schedule)	(b) Descri	
PURPOSE OF	Fees		wire transfer	fee
EXPENDITURE	(C) Check if travel outside of Texa	as. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
05/15/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; 3 78296-1600	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri	
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	
4 Date	5 Payee name			Agrandia ess.
05/22/2023	Frost Bank			
6 Amount (\$) \$15.00	7 Payee address; PO Box 1600 San Antonio, TX	City; C 78296-1600	State:	Zip Code
			Lance	- The state of the
8 PURPOSE OF	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descri wire transfer	
EXPENDITURE	(C) Check if travel outside of Texa	s, Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 5 Payee name 4 Date 06/12/2023 Frost Bank 6 Amount (\$) 7 Payee address: City; State: Zip Code \$15.00 PO Box 1600 San Antonio, TX 78296-1600 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** wire transfer fee OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 02/23/2023 Guitar Center Zip Code 6 Amount (\$) 7 Payee address; City; State: \$966.60 12790 Fountain Lake Cir Stafford, TX 77477-3705 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Sound equipment OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 02/27/2023 Guitar Center City; State: Zip Code Payee address; 6 Amount (\$) \$73.59 12790 Fountain Lake Cir Stafford, TX 77477-3705 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Sound equipment OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Fees Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/03/2023 H-E-B City; Zip Code 6 Amount (\$) 7 Payee address; State: \$158.39 19988 Southwest Fwy Sugar Land, TX 77479-6505 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Supplies **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 01/19/2023 H-E-B City; State: Zip Code Payee address; 6 Amount (\$) \$53.96 19988 Southwest Fwy Sugar Land, TX 77479-6505 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Travel In District Fuel **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Pavee name 04/17/2023 H-E-B Zip Code 6 Amount (\$) 7 Payee address; City; State: \$4.58 19988 Southwest Fwy Sugar Land, TX 77479-6505 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Office Overhead/Rental Expense Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 05/24/2023 H-E-B 6 Amount (\$) 7 Payee address; City; State: Zip Code \$44.94 19988 Southwest Fwy Sugar Land, TX 77479-6505 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Travel In District Fuel OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/31/2023 H-E-B City; State: Zip Code 6 Amount (\$) 7 Payee address; \$171.60 19988 Southwest Fwy Sugar Land, TX 77479-6505 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Office Overhead/Rental Expense Supplies OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 06/02/2023 H-E-B City; State: Zip Code 6 Amount (\$) Payee address; \$151.25 19988 Southwest Fwy Sugar Land, TX 77479-6505 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 06/07/2023 Harland Clarke 6 Amount (\$) 7 Payee address: City; State: Zip Code \$88.43 15955 La Cantera Pkwy San Antonio, TX 78256-2589 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Office Overhead/Rental Expense Campaign Checks OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 06/20/2023 HP Instant Ink 6 Amount (\$) 7 Payee address; City; State: Zip Code \$6.48 1501 Page Mill Rd Palo Alto, CA 94304-1126 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Printer ink OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 06/27/2023 **HP** Instant Ink 6 Amount (\$) Payee address; City; State: Zip Code \$6.48 1501 Page Mill Rd Palo Alto, CA 94304-1126 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Printer ink OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/23/2023 Jimmy Johns 6 Amount (\$) 7 Payee address; City; State: Zip Code \$271.60 3623 S Main St Ste 114 Stafford, TX 77477-5406 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Transition Committee Lunch **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name Kickin' Crawfish, LLC 05/12/2023 7 Pavee address: City; State: Zip Code 6 Amount (\$) \$2,400.00 16218 Waiting Spring Cir Houston, TX 77095-4548 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Food/Beverage Expense Catering OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name 05/08/2023 Kroger Zip Code City; State: 6 Amount (\$) 7 Payee address; \$203.50 24401 Brazos Town Xing Rosenberg, TX 77471-6268 (b) Description (a) Category (See categories listed at the top of this schedule) 8 **PURPOSE** Food/Beverage Expense Supplies for Event OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 04/12/2023 Metropolis 6 Amount (\$) Payee address; City; State: Zip Code \$15.99 144 2nd Ave N Nashville, TN 37201-1935 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Travel Out Of District Parking app-Parking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/13/2023 Milano Event Center 6 Amount (\$) 7 Payee address: City; State: Zip Code \$1,575.00 16555 Creek Bend Dr Sugar Land, TX 77478-4596 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Event Expense Fundraiser venue OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 05/03/2023 Mimi's New Orleans Cafe Zip Code City; State: 6 Amount (\$) 7 Payee address: \$30.38 1833 Richmond Pkwy Richmond, TX 77469-3643 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Lunch meeting OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCov not available 4 Date 5 Payee name 05/16/2023 Mimi's New Orleans Cafe 6 Amount (\$) 7 Payee address: City; State: Zip Code \$144.32 1833 Richmond Pkwy Richmond, TX 77469-3643 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Food/Beverage Expense Thank you lunch OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 03/27/2023 Missouri City - Sugar Land Chapter Jack and Jill of America 6 Amount (\$) 7 Pavee address: City; State: Zip Code \$161.90 PO Box 17325 Sugar Land, TX 77496-7325 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/28/2023 Keir Murray Zip Code 7 Payee address: City; State: 6 Amount (\$) \$6,000.00 3139 W Holcombe Blvd # 344 Houston, TX 77025-1533 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Consulting Expense Consulting fee OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

3.	EXPENDIT	TURE CATEGORIES	FOR BOX 8	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	ıl	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Gui	de explains how to co	mplete this t	
Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCo	у	3 File	er ID (Ethics Commission Filers)
4 Date	5 Payee name			
01/04/2023	NAACP Missouri City and Vic	inity Branch		
6 Amount (\$) \$350.00	7 Payee address; PO Box 1053 Missouri City, T.	City; X 77459-1053	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Contributions/Donations Made By Candidate/Officeholder/Political Comm (c) Check if travel outside of Texas	nittee	(b) Description	otion
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	3. Complete Coneduce 1.	Office sough	
4 Date	5 Payee name			
01/24/2023	Danish Nelson			
6 Amount (\$) \$340.00	7 Payee address; 9900 S Mason Rd Apt 5312 Ric	City; chmond, TX 77406-586	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	(b) Descrip Photo/Video	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	CARL THE COLUMN TO THE COLUMN
4 Date 05/22/2023	5 Payee name Danish Nelson			
6 Amount (\$) \$930.00	7 Payee address; 9900 S Mason Rd Apt 5312 Ric	City; chmond, TX 77406-586	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	(b) Descrip Photo/Video	
EXI ENDITORE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	t Office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCHI	EDULE AS	NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 01/06/2023 NGP VAN 6 Amount (\$) 7 Payee address; City; State: Zip Code \$1,417.50 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Database OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name NGP VAN 01/17/2023 City; Zip Code 6 Amount (\$) Payee address; State: \$1,417.50 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Database OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 5 Payee name 4 Date NGP VAN 04/14/2023 City; State: Zip Code 6 Amount (\$) 7 Payee address; \$945.00 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 (b) Description (a) Category (See categories listed at the top of this schedule) 8 **PURPOSE** Office Overhead/Rental Expense Database OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 06/29/2023 NGP VAN 6 Amount (\$) City; 7 Payee address; State: Zip Code \$262.50 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Database OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 06/30/2023 NGP VAN City; 6 Amount (\$) 7 Payee address; State: Zip Code \$262.50 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Database OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 03/14/2023 Dorothy Okoro City; State: Zip Code 6 Amount (\$) 7 Payee address; \$100.00 1835 Majestic Falls Ln Richmond, TX 77469-1813 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Stipend OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/03/2023 **Paragon Solutions** 6 Amount (\$) 7 Payee address; City; State: Zip Code \$25.00 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Fees Merchant account fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/02/2023 Paragon Solutions State: 6 Amount (\$) 7 Payee address; City; Zip Code \$25.00 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Merchant account fees OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 03/02/2023 Paragon Solutions City; State: Zip Code 6 Amount (\$) 7 Payee address; \$25.00 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-0001 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Fees Merchant account fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan/Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense

Food/Beverage Expense

Event Expense

Office Overhead/Rental Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out of District

Candidate/Officeholder/Political Legal Services Committee

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCoy	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-000	State: Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 05/02/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-000	State: Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 06/02/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; 1505 N HYDIN Rd Ste 110 Pittsburgh, PA 15257-000	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Merchant account fees
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Fees Office Overhead/Rental Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/18/2023 Chris Pino 6 Amount (\$) 7 Payee address; City; State: Zip Code \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Salary **OF EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/30/2023 Chris Pino City; State: Zip Code 6 Amount (\$) 7 Payee address; \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Salary **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/16/2023 Chris Pino City; State: Zip Code 7 Payee address; 6 Amount (\$) \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel In District Printing Expense Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 03/02/2023 Chris Pino Zip Code City; State: 6 Amount (\$) Payee address; \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 03/21/2023 Chris Pino State: Zip Code 6 Amount (\$) City; 7 Payee address; \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name 04/04/2023 Chris Pino State: Zip Code 7 Payee address; City; 6 Amount (\$) \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Fees Office Overhead/Rental Consulting Expense Polling Expense Food/Beverage Expense Expense Contributions/Donations Made By Gift/Awards/Memonals Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 04/18/2023 Chris Pino 6 Amount (\$) Payee address; City; State: Zip Code \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Salary **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 5 Payee name 4 Date 05/03/2023 Chris Pino City; State: Zip Code 6 Amount (\$) 7 Payee address: \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Salaries/Wages/Contract Labor Salary **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/18/2023 Chris Pino City; State: Zip Code 7 Payee address; 6 Amount (\$) \$2,250.00 9900 S Mason Rd Richmond, TX 77406-5867 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Salaries/Wages/Contract Labor Salary OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDIT	TURE CATEGORIES	FOR BOX 8	3(a)
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contrac	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		de explains how to co		
Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCo	у	3 File	er ID (Ethics Commission Filers)
4 Date 06/12/2023	5 Payee name Chris Pino			
6 Amount (\$) \$2,250.00	7 Payee address; 9900 S Mason Rd Richmond, T	City;	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	(b) Descrip Salary	otion
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date 06/21/2023	5 Payee name Chris Pino			
6 Amount (\$) \$2,900.00	7 Payee address; 9900 S Mason Rd Richmond, T	City;	State:	Zip Code
PURPOSE OF	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	(b) Descrip Salary	otion
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	c if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date 01/25/2023	5 Payee name ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address; 515 Congress Ave Ste 1050 Au	City; stin, TX 78701-3504	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip Live streamin	
9 Complete ONLY if direct	(c) Check if travel outside of Texas Candidate / Officeholder name		Check	t Office held
expenditure to benefit C/OH	ATTACH ADDITIONAL COF		1,344	

	EXPENDIT	URE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Logal del vides	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	al act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME			er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	V	0 7 110	(Euros Commission Filers)
4 Date	5 Payee name	,		
02/27/2023	ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address; 515 Congress Ave Ste 1050 Au	City; sstin, TX 78701-3504	State:	Zip Code
PURPOSE OF	(a) Category (See categories listed of Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
03/27/2023	ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address; 515 Congress Ave Ste 1050 Aus	City; stin, TX 78701-3504	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed a Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	t if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
04/25/2023	ReStream Inc.			
6 Amount (\$) \$19.00	7 Payee address; 515 Congress Ave Ste 1050 Aus	City; stin, TX 78701-3504	State:	Zip Code
PURPOSE OF	(a) Category (See categories listed and Office Overhead/Rental Expense	at the top of this schedule)	(b) Descrip	
EXPENDITURE	(C) Check if travel outside of Texas	. Complete Schedule T.	Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL COR	NEC OF THIS COL	EDIII E AS	NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 05/25/2023 ReStream Inc. City; 6 Amount (\$) 7 Payee address; State: Zip Code \$19.00 515 Congress Ave Ste 1050 Austin, TX 78701-3504 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Live streaming service **OF EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 06/26/2023 ReStream Inc. City; State: Zip Code 6 Amount (\$) 7 Payee address; \$19.00 515 Congress Ave Ste 1050 Austin, TX 78701-3504 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Live streaming service OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name 04/03/2023 Rosenberg Railroad Museum 7 Pavee address: City; State: Zip Code 6 Amount (\$) \$130.00 1921 Avenue F Rosenberg, TX 77471-2521 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

	EXPENDIT	TURE CATEGORIES	FOR BOX	B(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	У		
4 Date 03/03/2023	5 Payee name			
6 Amount (\$)	Shipley Do-nuts 7 Payee address;	City;	State:	Zip Code
\$100.00	r ayee address,	Oity,	Otato.	219 0000
	4519 Reading Rd Rosenberg, T	X 77471-2144		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	
PURPOSE OF	Food/Beverage Expense		Breakfast for	constituents
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	•	Office sough	
4 Date	5 Payee name			
04/17/2023	Shipley Do-nuts			
6 Amount (\$) \$34.97	7 Payee address;4519 Reading Rd Rosenberg, T	City; X 77471-2144	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Food/Beverage Expense	at the top of this schedule)	(b) Descri Breakfast for	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
04/24/2023	Shipley Do-nuts			
6 Amount (\$) \$20.00	7 Payee address;4519 Reading Rd Rosenberg, T	City;	State:	Zip Code
	4319 Reading Rd Rosenberg, 1	X //4/1-2144		
8 PURPOSE OF	(a) Category (See categories listed Food/Beverage Expense	at the top of this schedule)	(b) Descri Breakfast for	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL COR	PIES OF THIS SCH	EDULE AS	NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Accounting/Banking Fees Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Pavee name 05/15/2023 Shipley Do-nuts 6 Amount (\$) Payee address: City; State: Zip Code \$19.78 4519 Reading Rd Rosenberg, TX 77471-2144 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Breakfast for constituents OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 01/20/2023 Terri Southwell Zip Code 7 Payee address; City; State: 6 Amount (\$) \$120.00 23726 Masterson Garden Ln Richmond, TX 77469-3697 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Event Expense Event security OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name 05/05/2023 Subway Zip Code State: City; 6 Amount (\$) 7 Payee address; \$30.00 1846 FM 359 Rd Richmond, TX 77406-2049 (b) Description (a) Category (See categories listed at the top of this schedule) 8 **PURPOSE** Food/Beverage Expense Volunteer Appreciation OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 05/05/2023 Subway City; 6 Amount (\$) 7 Payee address; State: Zip Code \$30.00 1846 FM 359 Rd Richmond, TX 77406-2049 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Food/Beverage Expense Volunteer Appreciation OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/05/2023 Subway State: 6 Amount (\$) 7 Payee address; City; Zip Code \$50.00 1846 FM 359 Rd Richmond, TX 77406-2049 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Volunteer Appreciation OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 4 Date 5 Payee name 01/20/2023 Target 7 Payee address; City; State: Zip Code 6 Amount (\$) \$54.95 10241 W Grand Pkwy S Richmond, TX 77407-2259 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Office Overhead/Rental Expense Office supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDIT	TURE CATEGORIES	FOR BOX	8(a)
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contra	l oct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment		de explains how to co	mplete this	form.
1 Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCo	у	3 File	er ID (Ethics Commission Filers)
4 Date	5 Payee name			
05/23/2023	Tejas Cookers Foundation			
6 Amount (\$) \$250.00	7 Payee address; 5941 South Loop E Houston, T	City;	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Contributions/Donations Made By Candidate/Officeholder/Political Comm		(b) Descri Donation	ption
EXI ENDITORE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
02/10/2023	The Kendleton Floral Club			
6 Amount (\$) \$150.00	7 Payee address; PO Box 98 Kendleton, TX 774.	City; 51-0098	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Comn	nittee	Donation	
EXPENDITURE	(C) Check if travel outside of Texas		Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
03/21/2023	The Odom Consulting Group			
6 Amount (\$) \$3,000.00	7 Payee address; 3139 W Holcombe Blvd Houste	City; on, TX 77025-1533	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Event Expense	at the top of this schedule)	(b) Descri	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCH	EDULE AS	NEEDED

Revised 11/2022

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Fees Office Overhead/Rental Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Legal Services Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) not available Dexter Lorance-Navario McCoy 4 Date 5 Payee name 05/10/2023 The Texas Gulf Coast AFL-CIO Working People PAC 6 Amount (\$) City; State: Zip Code Payee address; \$2,500.00 2506 Sutherland St Houston, TX 77023-5305 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Contributions/Donations Made By Donation **OF** Candidate/Officeholder/Political Committee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/23/2023 Tiff's Treats 7 Payee address: City; State: Zip Code 6 Amount (\$) \$35.41 16560 Southwest Fwy Ste B Sugar Land, TX 77479-2328 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Food/Beverage Expense Thank you gifts OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/23/2023 Tiff's Treats City; State: Zip Code 7 Payee address; 6 Amount (\$) \$35.41 16560 Southwest Fwy Ste B Sugar Land, TX 77479-2328 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Food/Beverage Expense Thank you gifts OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Fees Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel In District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 05/23/2023 Tiff's Treats City; Zip Code 7 Payee address; State: 6 Amount (\$) \$35.41 16560 Southwest Fwy Ste B Sugar Land, TX 77479-2328 (a) Category (See categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Food/Beverage Expense Thank you gifts OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH 5 Payee name 4 Date 05/23/2023 Tiff's Treats Zip Code City; State: 6 Amount (\$) 7 Payee address; \$35.41 16560 Southwest Fwy Ste B Sugar Land, TX 77479-2328 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Food/Beverage Expense Thank you gifts OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Payee name 05/23/2023 Tiff's Treats City; State: Zip Code 7 Payee address; 6 Amount (\$) \$35.41 16560 Southwest Fwy Ste B Sugar Land, TX 77479-2328 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Food/Beverage Expense Thank you gifts OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Loan/Repayment/Reim Fees Office Overhead/Renta Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contra The Instruction Guide explains how to co	Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCoy	3 File ID (Ethics Commission Filers)
4 Date	5 Payee name	
05/23/2023	Tiff's Treats	
6 Amount (\$) \$41.68	7 Payee address; City; 16560 Southwest Fwy Ste B Sugar Land, TX 77479-22	State: Zip Code
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Food/Beverage Expense	Thank you gifts
EXPENDITURE		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date	5 Payee name	
05/23/2023	Tiff's Treats	
6 Amount (\$) \$41.68	7 Payee address; City; 16560 Southwest Fwy Ste B Sugar Land, TX 77479-23	State: Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Thank you gifts
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date	5 Payee name	
05/23/2023	Tiff's Treats	
6 Amount (\$) \$100.34	7 Payee address; City; 16560 Southwest Fwy Ste B Sugar Land, TX 77479-23	State: Zip Code
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Thank you gifts
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/13/2023 **USPS** 6 Amount (\$) Payee address; City; Zip Code State: \$212.00 5560 FM 1640 Rd Richmond, TX 77469-5424 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense P.O. Box OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/09/2023 Wal-Mart City; State: Zip Code 6 Amount (\$) 7 Payee address; \$26.80 5330 FM 1640 Rd Richmond, TX 77469-5435 8 (b) Description (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Office Supplies OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Pavee name 01/20/2023 Waters Edge Winery & Bistro City; State: Zip Code 7 Payee address; 6 Amount (\$) \$1,059.50 4828 Waterview Town Center Dr Ste 700 Richmond, TX 77407-3079 (a) Category (See categories listed at the top of this schedule) 8 (b) Description PURPOSE Food/Beverage Expense Event catering OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Fees Office Overhead/Rental Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 01/23/2023 WIX.COM 6 Amount (\$) 7 Payee address; City; State: Zip Code \$12.99 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Website OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 02/23/2023 WIX.COM City; State: Zip Code 6 Amount (\$) 7 Payee address; \$12.99 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Website OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Pavee name 03/23/2023 WIX.COM 6 Amount (\$) 7 Payee address: City; State: Zip Code \$12.99 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Website OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (C) Check if travel outside of Texas, Complete Schedule T. Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Legal Services Salaries/Wages/Contract Labor Travel Out of District Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCov not available 4 Date 5 Payee name 04/24/2023 WIX.COM City; 6 Amount (\$) 7 Payee address: State: Zip Code \$12.99 500 Terry A François Blvd Fl 6 San Francisco, CA 94158-2354 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Website OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 05/23/2023 WIX.COM City; State: Zip Code 6 Amount (\$) 7 Payee address: \$12.99 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354 (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Office Overhead/Rental Expense Website OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 06/26/2023 WIX.COM City; State: Zip Code 6 Amount (\$) 7 Pavee address: \$12.99 500 Terry A Francois Blvd Fl 6 San Francisco, CA 94158-2354 8 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Office Overhead/Rental Expense Website OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

	EXPENDI	TURE CATEGORIES F	OK BOX 8	s(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan/Repayment/Reimbo Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		Solicitation/Fundraising Transportation Equipme Expense Travel In District Travel Out of District Other (enter a category	ent & Related
Credit Card Payment		de explains how to com	plete this f		not listed above)
Total pages Schedule F1: not available	2 FILER NAME Dexter Lorance-Navario McCo	у	3 File	r ID (Ethics Commiss	sion Filers)
4 Date	5 Payee name				
06/05/2023	XI Kappa Lambda Education F				
6 Amount (\$) \$1,000.00	7 Payee address; PO Box 31022 Houston, TX 77	City; 7231-1022	State:	Zip Co	de
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Contributions/Donations Made By Candidate/Officeholder/Political Comm		(b) Descrip Donation	otion	
EXPENDITORE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	С	Office sough	t Off	fice held
4 Date	5 Payee name				
01/05/2023	Zoom				
6 Amount (\$) \$15.74	7 Payee address; 6601 College Blvd Leawood, K	City; SS 66211-1504	State:	Zip Co	
PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense		(b) Descrip Video confer	otion encing software	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	Office sought	Off	ice held
4 Date 02/06/2023	5 Payee name Zoom				
6 Amount (\$) \$15.74	7 Payee address; 6601 College Blvd Leawood, K	City; LS 66211-1504	State:	Zip Co	de
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense		(b) Descrip Video confer	otion encing software	
EXPENDITURE	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check	if Austin, TX, officeholder liv	ving expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	Office sough	t Off	fice held
	ATTACH ADDITIONAL COF	PIES OF THIS SCHE	DULE AS	NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan/Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Transportation Equipment & Related Consulting Expense Food/Beverage Expense Polling Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Salaries/Wages/Contract Labor Travel Out of District Legal Services Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Dexter Lorance-Navario McCoy not available 4 Date 5 Payee name 03/06/2023 Zoom Zip Code 6 Amount (\$) 7 Payee address; City; State: \$15.74 6601 College Blvd Leawood, KS 66211-1504 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Video conferencing software OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 04/05/2023 Zoom City; State: Zip Code 6 Amount (\$) 7 Payee address; \$16.79 6601 College Blvd Leawood, KS 66211-1504 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Office Overhead/Rental Expense Video conferencing software OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 4 Date 5 Pavee name 05/05/2023 Zoom Zip Code 7 Payee address; City; State: 6 Amount (\$) \$16.79 6601 College Blvd Leawood, KS 66211-1504 (a) Category (See categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Office Overhead/Rental Expense Video conferencing software OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 11/2022

	EXPENDI	TURE CATEGORIES	FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Loan/Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra de explains how to co	al act Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
not available	Dexter Lorance-Navario McCo	ру		
4 Date	5 Payee name			
06/05/2023	Zoom			
6 Amount (\$) \$16.79	7 Payee address; 6601 College Blvd Leawood, I	City; CS 66211-1504	State:	Zip Code
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri Video confe	ption rencing software
EXPENDITURE	(C) Check if travel outside of Texa	s. Complete Schedule T.	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	nt Office held